



Oklahoma Department of Human Services

Child and Family Services Plan **2015-2019**

June 30, 2014



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1. General Information

The Oklahoma Department of Human Services (DHS) is the state agency designated to administer Title IV-B and Title IV-E programs, the Child Abuse and Prevention and Treatment Act (CAPTA), and the Chafee Foster Care Independence Program. DHS was established by the state legislature in 1936 and is an umbrella agency. Support-programs and services currently provided statewide in 77 county offices include Child Welfare Services (CWS), Temporary Assistance for Needy Families (TANF), Medicaid, Supplemental Nutrition Assistance Program (SNAP), Aging Services (AS), Developmental Disabilities Services (DDS), Child care Services, and Child Support Services (CSS).

DHS Organizational Structure

Child Welfare Services (CWS) is the DHS division responsible for administering the state's child welfare services. CWS operates under the direction of the state's CWS Director. The CWS Director reports directly to the DHS Director who then reports directly to the Governor's Office. (Refer to DHS Organizational Chart as Attachment 1)

Within this organizational structure are nine deputy directors, who report to the CWS Director. The Child Welfare Executive Team, comprised of the nine deputy directors and the Child Welfare Director, leads the state child welfare team. There is a deputy director for each of the state's five regions, each providing Child Protective Services, Family Centered Services, and Permanency Planning Services. Reporting to the five regional deputy directors, and covering 27 state districts, aligned according to District Attorneys' responsibilities, is 47 District Directors. To support the critical work in the five regions, three teams, each led by a deputy director, are responsible for Bridge, Program, and Quality Assurance and Staff Development. The most recent addition to the Child Welfare Executive Team is a deputy director for Child Welfare Partnerships. Also reporting directly to the CWS Director is the Program Administrator for Operations and Business Processes.

- The Bridge Team is responsible for the policy, procedures, and programs for:
 - Adoptions and Post Adoptions - Adoption Services is responsible for assisting in securing a safe, permanent home for children in DHS permanent custody through a comprehensive array of services that identifies, approves, matches, and supports adoptive families. Post Adoption Services Section is responsible for administering financial and medical benefits, childcare, Interstate Compact on Adoption and Medical Assistance (ICAMA), Confidential and Intermediary Search, Reunion and Paternity Registries, and providing case management service to all who finalized an adoption of a child who was in out-of-home placement.
 - Foster Care – is responsible for the recruitment, retention, training, and consultation of resource families.

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Front-line staff in these two areas report through supervisors and field managers to their deputy director.

- The Program Team is responsible for the policy, procedures, and programs for:
 - Protection and Prevention – is responsible for Child Protective Services (CPS), Family Centered Services (FCS), Oklahoma Children's Services, Appeals, and Child Abuse and Neglect Information System (CANIS) inquiries.
 - Permanency and Well-Being – is responsible for Permanency Planning services (PP), Independent Living Services, Developmental Disabilities Education Services, and Trauma Informed Care Services. Permanency and Well-being staff regularly communicate with other state agencies to ensure an integrated system of health, behavioral health, and Systems of Care exists for children and families.
 - Specialized Placements and Partnerships – is responsible for the Interstate Compact on the Placement of Children (ICPC), Residential Placements, Therapeutic Foster Care, and Tribal Partnerships. Staff in this area trains and coordinates services with the tribes and supervises and monitors two federal grants.

This team includes the DHS Centralized Abuse and Neglect Hotline director and the program supervisor for policy who also serves as the legislative liaison.

- The Quality Assurance and Staff Development Team are responsible for:
 - Technology and Governance - is responsible for DHSKIDS management, including system development and maintenance, SACWIS compliance, KIDS Helpdesk, KIDS application training, and management reports.
 - Training – is responsible for the development of CWS training programs, as well as the training of the CWS staff.
 - Quality Assurance – is responsible for ensuring the quality of work in CPS, FCS, and PP as well as the continued improvement in work processes.
 - Child and Family Services Reviews – is responsible for qualitative case reviews across the state.
 - Practice Model Implementation and Mentoring – is responsible for continued work on the Practice Model and supervisor mentoring statewide.

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Operations and Business Processes is responsible for:

- The division basic administrative support including personnel and budget, contracts, benefits, fingerprinting, coordination of services with Title XIX and Social Security, and coordination of CWS fiscal programs with DHS Financial Services.

Vision Statement

The DHS mission is to improve the quality of life of vulnerable Oklahomans by increasing people's ability to lead safer, healthier, more independent and productive lives. The purpose of Child Welfare Services is to improve the safety, permanence, and well-being of children and families involved in the child welfare system through collaboration with families and their communities.

As part of a settlement agreement reached in class action litigation DG vs. Yarbrough, Case No. 09-CV-074, DHS developed an improvement plan for the foster care system with the assistance of key internal and external stakeholders. The resulting "Oklahoma Pinnacle Plan" (Pinnacle Plan) was created. The Pinnacle Plan is a five-year plan that began in State Fiscal Year (SFY) 2013, and addresses 15 performance areas identified in the settlement agreement.

The Pinnacle Plan outlines the commitments and critical initiatives DHS is implementing to better serve children and families. Pinnacle Plan initiatives are based on a set of new core commitments that represent the foundation of reform. These include, but are not limited to, expansion of resource homes, new caseload standards, reduction in use of shelter care, termination of shelter care for young children, consistent reporting and investigations of child maltreatment in care, and effective and streamlined staff hiring and training. The Pinnacle Plan is aligned with the DHS mission, vision, and values. It serves as the framework of implementation, commitments, and critical initiatives needed to serve Oklahoma children and families.

DHS is committed to:

- Equity where all children, youth, and families have access to and receive unbiased treatment and services;
- Keeping children safe with their families through prevention services, kinship placements, and timely reunification whenever possible;
- Ensuring every child is safe while in out-of-home care and custody by recruiting, retaining, and supporting resource families that best match the needs of the children and can provide for their safety, permanency, and well-being;
- Moving to a continuum of care that best meets the needs of children in out-of-home care and provides for the least restrictive family-like placements, except in extraordinary circumstances;
- Recruiting, retaining, and supporting the best child welfare staff through a commitment to ongoing staff development and ensuring manageable caseloads and workloads; and

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- Engaging local communities and agency partners in improving child welfare outcomes - "DHS cannot do it alone."

As part of the Pinnacle Plan, DHS is linking priorities for change and improvement to a strong family-centered practice model, and reinforcing that model at every turn. The agency is accomplishing this through updated and revised training, structured and supportive supervision, an effective organizational and management structure, quality assurance (QA) activities, and public outcomes reporting. Children and their families will have access to a comprehensive array of services, including intensive home-based services designed to enable children to achieve positive safety and permanency outcomes. DHS has adopted a set of practice standards that serve as the guiding principles for all work within CWS.

DHS Child Welfare Practice Standards:

1. We continually examine our use (misuse) of power, use of self and personal biases;
2. We respect and honor the families we serve;
3. We listen to the voice of children;
4. We continuously seek to learn who families are and what they need;
5. We believe in the value of "Nothing About Us Without Us";
6. We maintain a child's permanent connection to kin, culture and community; and
7. We conduct our work with integrity at all levels of the agency.

1. DHS continually examines its use (misuse) of power, use of self and personal biases:

- We must be aware of and recognize how we use the power of the position.
- Our use of team supports the process of examining personal biases and use of self.
- We believe in the importance of hearing all voices - whether we disagree or not.
- We continually assess our personal biases and styles, ensuring that they do not interfere with our ability to partner with families; at the same time we will regularly enter into discussions/mentoring with our supervisor (at all levels) about personal biases and the way they are impacting our work.
- We allow ourselves to imagine and feel the experiences of families as we work to assist them in accomplishing their goals.
- It is critical that families see and believe that we are genuine and that we care.

2. We respect and honor the families we serve:

- We separate what parents have done from who they are.
 - Address the issues, instead of judging.
 - Behave as if you are a visitor in the family's home - a visitor with a purpose.
 - Learn about their life demands and value their time.
 - Be humble, understanding that at any given day it could be us.

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- We hold a belief that people can change - with the right tools and resources.

3. We listen to the voice of children;

- We have frequent and meaningful conversations with children about what they need to feel safe, using language and making decisions that respects their love for their family, and their need for connection to their culture.
- We ensure that children have accurate information and understand what is happening in their lives.
- We actively find ways for children to contribute and have an influence and a sense of control on the decisions made about their lives; being honest about their options and choices.
- We frequently engage children in conversations about how to improve our system.

4. We continuously seek to learn who families are and what they need:

- We do not make assumptions about families. They are the experts of their own lives and often have solutions to their own problems. We create an environment where families can teach us about who they are and what they need.
- We communicate with families in their primary language in order to understand their experiences, their culture, and how they make parenting decisions.
- We are students of the culture, race, and ethnicity of the families we serve - and we actively use this information as we join with families in planning and decision-making.
- We have an attitude that we can make a difference - there are informal supports and resources if we look hard enough and partner effectively with the family and community.

5. We believe in the value of "Nothing About Us Without Us":

- When we interact with family, we engage in a conversation that builds relationships, we ask strength-focused questions, we listen, and the learning allows us to develop effective service plans.
- The family, the worker, and community partners develop common goals that acknowledge the family's perspectives and the child's need for safety, permanency, and well-being.
- We are transparent with one another to ensure clarity regarding what we are thinking, our concerns, and why we are focusing on certain areas of safety and permanency.
- We actively find ways for families to contribute and have control over their own lives.
- We actively engage resource families, foster and kin, in the process of teaming, information sharing, and decision-making.

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6. We maintain a child's permanent connection to kin, culture, and community,
- Young adults need to be informed about their choices, they need to understand what happens to them, and they need to consistently maintain contact with their worker.
 - Visitation between a child and their family is a child's right.
 - Families belong together and we maintain optimal connection between a child, their family, and their culture.
 - We seek to place siblings together; and if we cannot we create frequent opportunities for them to see one another.
 - As we make decisions about placement, we consider all of the implications for the child, understanding that every time a child is removed, there is emotional harm.
 - We maintain a sense of urgency, knowing that every day a child is in out-of-home care, is harmful.
7. We conduct our work with integrity at all levels of the agency;
- There is a standard of excellence and cooperation that permeates the work of the agency.
 - We are compassionate with one another and we have the difficult conversations about the pain and complexity of this work.
 - We formally provide support, an opportunity for debriefing and stress relief for our workers and supervisors so that they can continue to do the work well.
 - We communicate honestly and we do what we say we are going to do.
 - We actively educate other systems about the needs of children and families and about best practices in child welfare.
 - We hold one another accountable to being respectful and courteous, valuing and supporting each other-letting go of territorial issues and working together to accomplish our collective goals.

Collaboration

Oklahoma has engaged in substantial, ongoing, and meaningful collaboration with stakeholders, tribes, and courts in the assessment of the current functioning, and analyses of strengths and areas of need in the child welfare system over the last two years. Information gathered from focus groups, community meetings, workgroups, and reports was compiled and serves as the basis for the development of the 2015-2019 CFSP. Although not a comprehensive list, involved stakeholders are:

- Child Protection Coalition
- Child Welfare Professional Enhancement Program
- Child Welfare Summits
- Court Appointed Special Advocates (CASA)
- Court Improvement Project

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- Faith based partners (Project 111, Count me in 4 Kids)
- Foster Care and Adoption Organization (Quarterly)
- Juvenile Judges Oversight Advisory Committee
- Legislative Workgroup
- Oklahoma Child Welfare Stakeholder Collaboration State Advisory Board
- Oklahoma Commission on Children and Youth
- Oklahoma Department of Mental Health and Substance Abuse Services
- Oklahoma Indian Child Welfare Association (OICWA)
- Post Adjudicatory Review Board (PARB)
- Special Review Committee
- Stakeholder Focus Groups (Child Welfare Policy and Practice Group)
- State Department of Education
- Region 3 Focus Groups with stakeholders (Casey Family Programs Strategic Plan)
- Resource Family Focus Groups
- Resource Family Partners (contracted providers)
- Resource Family Surveys
- Therapeutic Foster Care Association
- Tribal/State Collaboration Workgroup
- Tulsa Advocates for the Protection of Children
- University of Oklahoma
- Youth Service Agencies
- Youth Surveys

DHS continues to ensure stakeholders are actively involved in CFSP implementation. Details regarding ongoing stakeholder involvement may be found under the Quality Assurance Systemic Factor in the "Assessment of Performance" section below.

2. Assessment of Performance

Child and Family Outcomes

Safety Outcomes 1 and 2 (1355.34:34 (b) (1) (i))

(A) children are first and foremost, protected from abuse and neglect and (B) children are safely maintained in their homes whenever possible and appropriate.

As DHS has undergone a total organizational and cultural transformation over the last few years, safety of children has remained paramount. Beginning when a report of abuse or neglect is received, until a child is able to remain safely in his or her own home without the intervention of DHS, safety is always the priority.

Response time to initiating investigations of reports of child maltreatment gives insight as to an understanding of a sense of urgency when evaluating child safety. DHS demonstrates strengths when responding to reports of children being abused or neglected. According to DHS SACWIS/KIDS WebFOCUS report, Safety-CPS Initiation

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Timeliness, at the conclusion of FFY 2013 (Oct 2012 to Sep 2013), DHS initiated 96.3 percent of investigated reports of child abuse and neglect within policy timeframes. Recent data shows even more improvement by DHS. Data from July 2013, to June 2014, from the same SACWIS/KIDS WebFOCUS report, Safety-CPS Initiation Timeliness shows 97.2 percent investigated reports of child abuse and neglect were initiated within policy at investigation completion.

Efforts to improve response to child safety include improvements to joint response protocols with law enforcement. In collaboration with local law enforcement agencies across Oklahoma as well as the Oklahoma District Attorneys Council, joint response protocols and procedures were updated in each county. Since each protocol is unique dependent upon the law enforcement agency working with Child Welfare, as of July 22, 2013 a copy of each protocol is now located in a centralized folder accessible to anyone within Child Welfare Services. Such improvements also enhanced communication during a reorganization period.

Although data demonstrates strength in current child welfare practice regarding responding timely to CPS investigations and assessments, data also shows improvement is needed in the area of completion of CPS investigations and assessments. According to the state SACWIS/KIDS WebFOCUS report, Safety-CPS Completion Timeliness, at the conclusion of FFY 2013 (Oct 2012 to Sep 2013), DHS was performing below the national standard of 95 percent in CPS assessment/investigation completion timeliness with 55.6 percent of investigated reports of abuse and neglect being completed within policy.

This deficit in performance rate can be attributed to a number of factors. As previously indicated, DHS underwent substantial organizational change accompanied by multiple challenges. One such challenge was the significant turnover of child welfare staff. According to DHS Human Resources Management, the turnover rate for child welfare workers through child welfare supervisors was 42.08 percent for the last two years (May 15, 2012 – May 15, 2014). A second challenge DHS faced can be correlated with the high volume of worker vacancies due to large caseloads for many child welfare staff. Compiled with a third barrier of CPS investigations and assessments falling into backlog, completion rates have made a small improvement of 58.5 percent according to the June 2013, to May 2014, Safety-CPS Completion Timeliness report. Therefore, this area remains an area of significant focus for improvement as it directly impacts the safety of children.

To combat some of these challenges, DHS continues to participate in multiple efforts to recruit and retain child welfare staff so adequate time can be spent with children and families to assess safety and needs thoroughly. The Pinnacle Plan established workload standards that are reported quarterly. According to Pinnacle Plan Measures Monthly Summary Report, April, 2014, Measure 7.1 Caseloads for the quarter 1/1/14 – 3/31/14: 33.9 percent of child welfare workers met the caseload standards, an improvement from 31.3 percent in the previous quarter. DHS also continues to monitor the challenge of CPS investigations and assessments falling into backlog. At its highest

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in August, 2013 DHS had over 3800 CPS investigations and assessments in backlog. Currently, there are approximately 1430 cases in backlog as of 6/19/14. Although a significant improvement has been made, reducing backlog is still a DHS focus area, and backlog reduction plans are currently in place in those regions most affected.

Efforts continue across DHS not to only improve the completion rates of CPS assessment and investigations, but more importantly, to ensure thorough and appropriate safety-related decisions are being made. Current efforts include improvements to initial and ongoing child welfare staff training (refer to Systemic Factors: Staff Training), as well as enhancements to CPS policies and tools utilized to assist Child Welfare staff in safety-related decision-making. DHS recently updated the Assessment of Child Safety tool. These updates included changes to the previous safety threats to better assist staff in differentiating between immediate versus impending danger, therefore warranting when CPS intervention is necessary. Improvements were made to the Immediate Protective Action Plan tool as well as the Safety Plan tool. Initially, these were included in one document; however this led to difficulty among Child Welfare staff in understanding which to use when a safety intervention was needed with a family. With the separation and enhancement of these tools, and further training by CPS staff, the intent is that better safety-related decisions will be made, and opportunities for children to remain safely in their homes will be promoted.

Data to support the current quality of information gathered in CPS investigations and assessments is relatively limited as case-review information is currently unavailable. Due to Oklahoma's Child Welfare Services reorganization per the Pinnacle Plan, the State CFSR process had been suspended. Our State CFSR process is currently in the initial phase of quality implementation. Therefore, no data is available at this time. However, a recent study by The Child Welfare Policy and Practice Group (CWPPG) gives some qualitative information impacting safety-related decision making. DHS invited this qualitative review due to a growing concern of the increasing number in the population of children in out of home care. Between January 2012 and the time the review was completed in January 2014, the number of children in out-of home care had increased from approximately 8,000 to 11,000. CWG completed a comprehensive review of 118 randomly selected cases from across the state, including the two most populated counties, Oklahoma and Tulsa during the months of December 2013 and January 2014. Concurrent with the case reviews, CWG conducted stakeholder interviews in each region with groups of front-line caseworkers, supervisors and legal partners to gather information about systemic challenges that might not be identified in individual case reviews. Findings from the case review were reported on February 15, 2014 and were quantified in what CWG identified as key elements of practice:

System Factors	Frequency
Family Engagement Present	Present in 40 percent of cases
Family Involvement in Decision-Making Occurring	Present in 27 percent of cases

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Assessment Addressing Family Strengths	Present in 45 percent of cases
Basic Assessment of Needs	Present in 46 percent of cases
Possible Preventive Services Needed to Have Prevented Placement	Needed in 26 percent of cases
Family Team meeting Currently Employed	Present in 14 percent of cases
Removal Questionable	Questionable in 28 percent of cases
Possible Missed Safety Plan Opportunity	Occurring in 22 percent of cases
Substance Abuse a Factor	Factor in 47 percent of cases

CWG concluded, "Reviews found that a majority of families lacked engagement with the system and in some cases, the lack of engagement impeded the ability of DHS to maintain children safely in their homes or reunify children with their families. The lack of engagement was most frequent during the CPS process, which because of its intrusive and involuntary nature is unsurprising." CWG also concluded "Many of the case reviews tend to identify fundamental practice skills that are not sufficiently strong or consistent to maximize opportunities for keeping children safely within their families or for moving them quickly and successfully toward safety and permanency through reunification with their families or guardianship or adoption," as well as, "Reviewers found that appropriate preventive services might have prevented placement in 29 percent of the cases reviewed."

Combined with the results of the CWG review and current SACWIS data reflecting the growing numbers of children in OOHC, (11,628 as of 6/15/14), DHS has identified these as significant areas for focus and are undergoing efforts to improve, aside from those previously mentioned.

DHS has partnered with Casey Family Programs to form the Sooner Sentinel Sites Project (SSSP), focusing in Oklahoma and Tulsa counties. The project has been developed to support DHS in safely reducing the number of children entering care, increasing timely exits to permanency, and providing support and skill-building for children welfare workforce to strengthen practice. Strategies in the plan include multiple training initiatives for Child Welfare staff including strengthening of engagement skills when working with families, critical thinking skills, family finding and team-decision making. Strategies are also being developed in the plan for further coaching to maintain sustainability.

DHS has also identified a need to increase safety-related services available for families in order to prevent children from entering out-of-home care. Family Centered Services (FCS) have remained a current practice among DHS, however are often under-utilized. Currently, there are 322 open FCS cases as of June of 2014. When participating in focus groups conducted by CWG, child welfare staff recognized the value of FCS and that they provided critical and timely intensive services to families. However, child welfare staff has recognized in these same focus groups that safety-related services required for the complex needs of families identified for FCS cases are often unavailable. In an attempt to address this need, DHS, in collaboration with the

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Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS), will increase the number of children involved in CWS who are also served through Systems of Care. This effort will focus on safely maintaining children in their own homes, timely reunifying children, and improving placement stability by supporting biological, adoptive, and resource parents in caring for children with behavioral health needs. Systems of Care is nearly available statewide, and this expansion will focus on children in the CW system. To date, the renewal of the System of Care contract between DHS and ODMHSAS was completed and a five-year plan has been developed. In addition, DHS applied for a Title IV-E Waiver Demonstration Project in April, 2013. If approved, the project would expand the current Comprehensive Home-Based Services (CHBS) currently utilized in prevention cases. In addition, the project would add an evidence-based Intensive Safety Services (ISS) service array in order to provide more immediate and intensive services to families to prevent removal. If approved, this project could have a significant impact in not only reducing the number of children in out-of-home care, but also safely maintaining children in their homes whenever possible and appropriate.

Protecting children from abuse and neglect while they are in out-of-home care also remains a priority of DHS. Current data demonstrates strengths in case-worker visits with children in out-of-home care in their current residence, a key practice in assessing safety. According to SACWIS/KIDS WebFOCUS report, Caseworker Contacts: Federal Measure 2, 94.1 percent of children in OOHC were visited by child welfare staff during a 12 month period ending April, 2014, performing above the national standard of greater than 90 percent. In 2013, DHS made improvements to its current practice surrounding child visitation to include additional initial visits by child welfare staff with children when they have changes in their placements. This furthers the opportunity for child welfare staff to assess children's safety on an ongoing basis. Another indicator of this strength includes data from Oklahoma's Federal Data Profile (Updated) 04/21/2014 – Statewide Aggregate Data Used to Determine Substantial Conformity, (XI) Children Maltreated by Parents While in Foster Care which states 1.828 percent (275 of 15,045 children) were victims of substantiated or indicated maltreatment by parent while placed in foster care.

Currently, DHS has identified a key goal of improving timely reunification efforts for children in out of care, which will be addressed in a later section. However, current data indicates strengths for DHS surrounding reunifying children safely. According to Oklahoma Child and Family Services Review Data Profile: February 14, 2014, page 10: Measure C1-4: Re-entries to foster care in less than 12 months: Of all children discharged from foster care (FC) to reunification in the 12-month period prior to the year shown, what percent re-entered FC in less than 12 months from the date of discharge? Oklahoma established a percentage of 10.0 percent for FFY 2013. Although DHS percentage falls below the national median of 15.0 percent, DHS will continue to strive to move into the 25th percentile target direction of 9.9 percent.

As previously indicated, qualitative data from case reviews would be helpful to support the data regarding safety surrounding caseworker visits and reunification; however, it is unavailable at this time due to the suspension of CFSRs statewide pending a

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comprehensive assessment of CQI. Case reviews have resumed effective May of 2014.

When assessing outcomes surrounding repeat maltreatment and abuse and neglect of children in foster care, this promotes challenges due to changes DHS has made to promote safety for children in out of home care. Beginning November, 2012 initiatives began to align the Office of Client Advocacy's policies and procedures with Child Protective Services ensuring reports of abuse or neglect of children in out of home care are responded to swiftly and thoroughly. This includes all reports of abuse and neglect regardless of the level of placement of the alleged victim, are now sent through the abuse and neglect hotline with prioritization and screening in accordance to child protective services guidelines. Additionally, all reports, whether conducted by CPS or OCA, are conducted in accordance within the CPS policy timeframe. Implementation of these changes in the investigative process ensures the safety of children in out-of-home care and also establishes consistency in screening, prioritizing and investigating. This has also established consistency in reporting findings to the federal government regardless of the level of care, as findings regarding OCA investigations were not previously included in reported data surrounding maltreatment.

March, 2013 was the first month to include OCA investigations in the number of children who were victims of maltreatment in out-of-home care. Due to this change in reporting by DHS, it has demonstrated an increase in the numbers of maltreatment of victims in care. For example, Pinnacle Point Measure 1.1 examines, "Of all children in foster care during the reporting period, what number and percent were not victims of substantiated or indicated maltreatment (abuse and/or neglect) by foster parent or facility staff member." According to the Pinnacle Plan Measures Monthly Summary Report, July, 2013, Pinnacle Point Measure 1.1 saw the following significant increase between the months of February, 2013 and March, 2013 due to the inclusion of OCA reports:

	13- Feb	13- Mar
# of children served	9,874	10,154
# of children w/out abuse	9,870	10,110
# of children w/abuse	4	44

In addition, inclusion of OCA substantiations during the during the final seven (7) months of FFY 2013 could have also led to an impact in DHS Federal Child Safety Measures. According to Oklahoma's Data Profile, April 21, 2014 – Statewide Aggregate Data Used to Determine Substantial Conformity:

- IV. Absence of Recurrence of Maltreatment, DHS reported 91.6 percent (5,083 or 5,551) were not victims of another substantiated or indicated maltreatment allegation within a 6-month period, in comparison to the national standard of 94.6 percent or more. (This reflects a decrease from 93.8 percent in 2012)

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- VII. Absence of Child Abuse and/or Neglect in Foster Care (12 months), DHS reported 98.91 percent (14,881 of 15,045) were not victims of substantiated or indicated maltreatment by foster parent or facility staff member, in comparison to the national standard of 99.68 percent or more. (This reflects a decrease from 99.11 percent in 2012)

Qualitative data from case reviews would give us greater insight as to if this decrease in performance is related to the inclusion of OCA substantiations, or if it is reflective of current child welfare practice. However, as previously indicated, case review data is currently unavailable.

Permanency Outcomes 1 and 2 (1355.34 (b)(1)(ii))

(A) children have permanency and stability in their living situations; and

(B) the continuity of family relationships is preserved for children.

As indicated later in Section 1, Goals, DHS is committed to strengthening outcomes for permanency and stability for children in out-of-home care. Current data indicates some strength in these areas. However, it also reinforces the need for prioritizing this as an area of focus on the CFSP.

Similar to safety outcomes, the increase in the number of children in out-of-home care in recent years has led to examination of current practices by DHS regarding achieving timely permanency for children. Examination of Oklahoma's SACWIS/KIDS data shows why this is an area of focus. In SFY10, fewer children entered care, while more children exited care. However, beginning in SFY11, the opposite began occurring. As the population of children in care has increased each year and children have continued to enter care, children exiting care to permanency has not increased at the same rate.

Referrals & Removal Data for State	SFY10	SFY11	SFY12	SFY13	SFY14
Removed During SFY	4,371	4,799	5,642	5,859	5,523
Exited During SFY	5,911	4,574	4,716	4,774	4,210
Removed at End SFY	7,970	8,206	9,132	10,233	11,569

Oklahoma SACWIS/KIDS Report – YI706-Referral and Removal Data – 5/19/15

Oklahoma's Data Profile, February 14, 2014 (page 10) states that DHS scored a percentile of 58.7 percent in FFY 2013 in Measure C1-1: Exits to reunification in less than 12 months. [National median = 69.9 percent, 75th percentile = 75.2 percent]. DHS state data gleans the same results. Information from SACWIS/KIDS, WebFOCUS Report, Length of Time to Permanence Exit (October, 2013 to September, 2014) states 33.0 percent of children exit within 12 months for any permanency exit reason.

However, DHS has strengths to build upon as efforts continue to focus on improving timeliness of permanency, according to the additional measures listed in Oklahoma's Data Profile, February 14, 2014 (Page 11-12):

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- Measure C2-1: Exits to Adoption in less than 24 months: DHS established a percentile of 40.0 percent [national median 26.8 percent, 75th Percentile = 36.6 percent].
- Measure C3-1: Exits to Permanency prior to 18th birthday for children in care for 24+ months: DHS established a percentile of 34.4 percent [national median 25.0 percent, 75th Percentile = 29.1 percent]. (A permanent home is defined as having a discharge reason of adoption, guardianship, or reunification, including living with relative).

There have been several collaborative efforts across the child and family service delivery system to support these strengths. A "Permanent Connection Guidebook" was developed to help youth identify supportive adults and a permanency path. Permanency and adoption workers and youth had input into the development, and NRCYS provided training on utilization of the book. Statewide Permanency Round Tables (PRT), supported by Casey Family Programs, were completed to identify permanent connections for youth in custody ages 16 and above. Child welfare workers, placement providers, IL community contractors, IL program staff, and youth formerly in care participated in these PRTs.

Placement stability is also an area needing improvement, and data supports why it has been identified as a target goal for improvement for DHS. According to Oklahoma's Data Profile, February 14, 2014 (page13), Measure C4-1) Two or fewer placement settings for children in care for less than 12 months: DHS shows 72.9 percent of children in this target population had two or fewer placement settings compared to the national median of 83.3 percent, 75th percentile 86.0 percent.

Additional Federal Measures for children in out-of-home care for longer periods of time support continued focus for placement stability:

- Measure C4 - 2) Two or fewer placement settings for children in care for 12 to 24 months: 50.8 percent compared to the national median of 59.9 percent, 75th percentile of 59.9 percent.
- Measure C4 - 3) Two or fewer placement settings for children in care for 24+ months: 24.8 percent compared to the national median of 33.9 percent, 75th percentile of 41.8 percent.

Significant challenges faced by DHS have impacted placement stability. Recruitment and retention of appropriate placements that can adequately meet the needs of children in out-of-home care continue to remain a focus for DHS. Efforts have included partnering with various stakeholder groups throughout the state including faith-based communities through the 111 Project as well as Oklahoma Lawyers for Children. Contracts have also been established with agencies across the state to assist with retention, on-boarding, training and support of resource providers. DHS has established the Bridge Resource Support Center to assist in monitoring all inquiries to ensure there is a sense of urgency so that potential resource families are moving

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appropriately through the approval process. Results of these collaborations include an increase in 539 placement providers for children in out of home care (Pinnacle Plan Measures - Monthly Summary Report- June 2014, Pinnacle Plan Measure 2.1 New Family Foster Care Homes). These partnerships allow DHS to remain focused on locating kinship homes for children in care, and have shortened the approval process for resource homes from 60 to 30 days.

Increasing available family-like placements will also assist in DHS current efforts to reduce shelter usage of children in out-of-home care, further increasing placement stability. Current data (Pinnacle Plan Measures – Monthly Summary Report-June 2014, Pinnacle Plan Measure 5.1 Shelter Use Ages 0-1 years) indicates the number of overnight shelter stays experienced by children under the age of 2 decreased from 70 in December to 42 in February. Without the success of the resource family recruitment efforts, the progress made towards the goal of keeping young children in family like settings would not be possible.

Although progress in keeping younger children in family-like placements has been made, challenges are still present regarding older children. In order to better understand the barriers to keeping children from entering overnight shelter placements, DHS conducted its own internal qualitative review. The review focused on children under the age of 6 who entered and spent a night in a shelter placement during the months of October, November, and December. Through the review, information was learned about internal processes being utilized by DHS to improve checks and balances to ensure all available placement options have been fully explored prior to a child being authorized to enter and stay in a shelter overnight. DHS continues to strengthen efforts to locate family like settings for all children in DHS custody in order to improve overall practices of placement stability.

Qualitative data from case reviews to identify child welfare practice trends impacting timeliness of achieving permanency as well as placement stability is currently unavailable. However, the qualitative study completed by The Child Welfare Policy and Practice Group (CWPPG) previously referenced in safety outcomes provides similar qualitative information supporting need for improved understanding and engagement with families. Such practices will improve DHS efforts in earlier identification of appropriate placements for children and better understanding of needs for families, therefore improving outcomes for permanency and placement stability.

Early identification of appropriate and stable kinship placements for children can assist in improving DHS outcomes surrounding preserving connections and continuity of family relationships. Both federal and state data indicate a need for improvement regarding location of kinship resources for children. According to Oklahoma's Point-in-Time Permanency Profile, Section II Placement Types for Children in Care, 32.6 percent of children were placed in (Relative) Foster Family Homes compared to 43.6 percent placed in (Non-Relative) Foster Family Homes.

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Examination of state data is necessary due to differences in definition between "Relative" vs. "Kinship" between DHS and the Federal data collected for the Permanency Profile. DHS Policy defines "Kinship" as "continuous care for the child requiring out-of-home placement provided by a relative, stepparent, or other responsible adult who has a bond or tie with the child or a family relationship role with the child's parent or the child prior to the child's entry into foster care". Therefore, Kinship/Non-Relative placements made by DHS fall into this definition due to the previous bond or tie established, but they may not be a defined "relative". However, when collecting data for the Permanency Profile, Kinship/Non-Relative placements are calculated into the (Non-Relative) Foster Family Homes federal data because of the lack of a familial relationship between the placement and the child in care. Therefore, in comparison to DHS state data collected from SACWIS/KIDS, WebFOCUS Report YI103-Placement Report (5/19/14), placements in Foster Family Homes consisted of 34.75 percent of placements, while placements in Kinship (Relative or Non-Relative) consisted of 46.34 percent of placements. While this reflection of data shows a more positive outcome regarding maintaining connections and continuity with a child's family, there is still room for improvement.

Maintaining siblings together while in placement is a significant area needing improvement as demonstrated in a recent data analysis completed by Permanency Planning Programs Staff. Data compiled from multiple sources within the SACWIS/KIDS system on 5/7/13 showed that of all the children in out-of-home care, 3/4 of children were members of a sibling group. This same analysis showed that of those sibling groups, only 48.5 percent are placed together.

In addition, further analysis into placements of sibling groups according to placement types reinforces the need for DHS to continue efforts to locate kinship early and often for children in care. The review found in Non-Kinship homes 44 percent of sibling groups were placed together vs. 56 percent of siblings being separated. In comparison, in Relative and Kinship homes, 64 percent of sibling groups were placed together vs. 44 percent of sibling groups being separated.

Well-being Outcomes 1, 2, and 3 (1355.34 (b)(1)(iii))

(A) Families have enhanced capacity to provide for their children's needs; (B) children receive appropriate services to meet their educational needs; and (C) children receive adequate services to meet their physical and mental health needs.

Empowering families involves engagement at all avenues throughout the life of a case. At initial examination of state SACWIS/KIDS data, DHS demonstrates some strength. Regarding caseworker visits with children in foster care, data submitted on 11/07/2013 for FFY2013, Case Worker Contacts, Federal Measure 1: Children receiving monthly visits, shows 92.8 percent of children visited by any assigned child welfare worker for the 12-month period. This was above the current standard of 90 percent. During the same reporting period, Case Worker Contacts, Federal Measure 2: visits made in the

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child's residence, DHS reported 94.0 percent of children visited by any assigned child welfare worker, compared to the current standard of >50 percent.

In an effort to better serve the needs of children and maintain relationships, these standards were achieved while ending secondary worker assignments for children placed in a county contiguous to a county of jurisdiction. Ending secondary assignments will further efforts to ensure safety of children through continuity of worker visitation, as well as maintain consistency of assignments to workers to families. By maintaining consistency in their worker, relationships between families can be built and sustained, giving more opportunity to truly understand the needs of our families and children.

Completions of Family Team Meetings (FTMs) also continue in child welfare practice across the state to promote involvement of families in case decision-making, understanding of needs and consistent communication. DHS data from SACWIS/KIDS WebFOCUS YI101 - Judicial/Case Planning Detail Report (5/20/14) states that 1 or more Family Team Meetings have been documented as being completed in 60 percent of all cases involving children with an open court number. In addition, according to SACWIS/KIDS WebFOCUS YI739 – Open Family Centered Services Cases (5/20/14), FTMs were documented as completed in 51 percent of cases currently open for services.

However, as this quantitative data would demonstrate possible strengths, available qualitative information demonstrates areas needing improvement. The report completed by CWPPG regarding their qualitative review states "55 percent of cases reviewed were without a family strength assessment and 54 percent were without an assessment of family underlying needs. While Family Functional Assessments were employed in some cases, a significant number were not fully completed and/or not practically employed in developing a service plan. Staff will need to understand that assessment is a process, not an event or mere completion of the assessment tool." Regarding FTMs during the review, "14 percent had a currently functioning team (meaning that there had been a team meeting within the past three months and there were more members than just the family and caseworker). There was no means to assess teaming quality within the scope of this review. Within team meetings that did occur, it was not unusual for families to feel that they were unable to influence the plans that were developed."

The Permanency Planning programs staff continues to explore conducting FTMs with more fidelity and has been researching approaches that lean toward more evidence-informed approaches. While the practice and data show that FTMs are being held with some frequency in CWS, there is often a lack of clarity regarding the purpose of the FTM and whether family was truly engaged. CWS is currently working with Casey Family Programs and the Annie E. Casey Foundation to guide and select the best approach to enhance the practice in the field.

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A continuing strength for DHS directly impacting all outcomes for children and families has been collaboration with stakeholders. In 2011 and 2012, a committee comprised mainly of citizens from across Oklahoma spent two years examining cases where children died due to abuse and neglect. The intent of the committee was to examine improvements DHS could make to prevent such deaths in the future. On April 4, 2013, the committee reported 37 findings to the Oklahoma Commission of Children and Youth. Although some findings were specific to DHS, many of the findings ultimately concluded that child abuse and neglect, and the effects families suffer from it, is not the responsibility of DHS alone, it is the responsibility of the community as a whole.

This momentum of "community responsibility" has continued as stakeholders remain engaged in partnerships with DHS when evaluating services to enhance families' capacities in Safety, Permanency, and Well-Being. Examples of these collaborations include:

- Faith-based community partnerships garnering improvement in services for placement options for children.
- Collaborations with legal programs (such as Oklahoma Lawyers for Children) to tap into their resources and expertise areas to improve knowledge and streamline processes.
- Trauma-focused collaborations with multiple mental health partners to seek to better understand the underlying traumatic influences often causing abuse and neglect
- Maintaining partnerships with key decision-makers such as the Court Improvement Project to improve efficiency and process of moving children to permanency
- Workgroups involving former custody youth, resource families and service providers to seek to improve outcomes for older children in care, communication challenges, service needs
- Collaborative groups representing all practices and disciplines influencing child welfare to discuss improvement of outcomes and services available for children and families involved in the Child Welfare system.
- Regular meetings involving representatives of all tribes in Oklahoma, respecting the cultural heritage of children and family.
- Partnerships with local, state and federal law enforcement agencies ensuring all agencies involved with families can meet their complex needs.

In addition to all of these efforts, recent focus groups completed with foster parents across the state show improvements made in areas regarding reimbursements, as well as improved relationships through additional contacts with private agencies. However, these same focus groups also indicate continued focus on the need for DHS to improve areas regarding communication and support for their individual needs. More importantly, foster parents continue to express the need for continued assistance when supporting their needs in regards to caring for children's educational, physical and behavioral health needs.

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Educational attainment is one of the key indicators of positive future outcomes for children of all ages. Without the availability of current case review data, educational outcomes for children are difficult to ascertain. However, DHS has strengths in data collection surrounding older children, particularly among the Independent Living (IL) Program. Along with the state SACWIS/KIDS system, DHS also utilizes the National Youth in Transition Database (NYTD). Educational data collected from the NYTD 2013 report reflects 69 percent of 19 year olds participating in IL services with DHS have obtained a High School diploma or GED. In addition, examination of state SACWIS/KIDS data WebFOCUS YI107-IL Information Report, based on the data entered by Child Welfare staff, 22 percent of youth participating in the IL Program are documented as participating in Special Education services. The IL Program also completes Exit Surveys with all children exiting care, asking of their multiple experiences. Regarding education services, the following responses were received as being participated in: Education-88 percent; School Supplies-66 percent; Job Skills-63 percent; Drivers Education-48 percent; Tutoring-31 percent; and Vocational Training-17 percent.

It should be concluded that a correlation between placement stability would ultimately have an impact on the educational services children receive. As children change placements, the likelihood they will remain in the same school is minimal. Therefore, by focusing on the goal of improving placement stability, educational outcomes for children would improve. In addition, an area of focus should be improving data collection for educational needs in order to continue to evaluate progress, particularly regarding children under the age of 16. DHS is partnering with the State Department of Education to include the educational information regarding children in care in the Child's Passport. This information would include more than educational demographics, but would also include educational services regarding the child such as special education services and testing information and current and historical performance information.

DHS continues to meet the needs of children's physical health. DHS has a longstanding partnership with the Department of Health which has local clinics available in every county. All medical services for children in care are provided such as immunization, screenings, routine check-ups and well-baby checks. Women Infants and Children (WIC) nutritional services, SoonerStart evaluations and services as well as EPSDT screenings are also available. Exit Survey results from children in 2013 demonstrated that medical services were widely utilized: Dental-92 percent and Medical-89 percent. The Child's Passport has been a valuable tool, especially when managing the current challenges regarding placement instability. The Child's Passport is a web-based program allowing current placement providers to have access to children's records. The passport is critical to ensure resource families have medical and other child-specific information for the child in their care. Through Child's Passport, resource families can access information for any child placed in their home 24 hours a day, seven days a week. Information contained in the passport includes Medicaid billing records, immunizations, and information documented within the KIDS system related to education, health, assessments, strengths and needs. To increase the number of resource parents who access Child's Passport, DHS has utilized child

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welfare resource staff and the private providers to discuss the passport during home visits, even bringing copies if needed. The resource parent handbook and okdhs.org website have been updated to contain more detailed information about access, and information is consistently included in the quarterly newsletter at least once per year. These efforts have seen steady growth in usage, with the recent quarter showing 334 new users, compared to only 84 this time a year ago according to the Child's Passport Access Report, monitored by DHS.

Understanding and treating the mental health effects of abuse and neglect for children in care continues to remain at the core of many collaborative efforts. In recent focus groups conducted with child welfare staff across the state, most concluded that counseling services as a whole were available for children. Exit survey results showed that 86 percent of children exiting care in 2013 participated in these services, and 82 percent participated in Life Skills services. However, as a proactive response to the need to improve child welfare services and services array across the state in order to positively impact child well-being indicators, DHS requested assistance from the Office of Planning and Coordination of the Oklahoma Commission on Children and Youth to build agency capacity for engaging communities. The Oklahoma Child Welfare State Stakeholder Collaborative was established in 2012 to provide leadership and support for the creation and implementation of a plan to strengthen child welfare services and service array at the local level. A local pilot collaborative resulted in Pottawatomie County, and many successful outcomes resulting in the identification of service needs for children have been achieved as a result. DHS plans to expand the use of this strategy to other parts of the state.

Focus groups among child welfare staff were completed in which the need for targeted services for children in the area of trauma was identified, particularly in the more rural areas of the state. To increase this need for children in these areas, DHS continues to utilize the five-year Oklahoma Trauma Assessment and Service Center Collaborative (OK-TASCC) grant. Project partners include OUHSC Center on Child Abuse and Neglect (OUHSC-CCAN), Chadwick Center, National Resource Center for Youth Services (NRCYS), Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS), Oklahoma Health Care Authority (OHCA), Oklahoma State Department of Health (OSDH) an internal leaders/champions. The goal of this project is to improve the social and emotional well-being and restore the developmentally appropriate functioning of children and youth in the child welfare system that have mental and behavioral health needs through helping Oklahoma develop and implement comprehensive, integrated and reliable continuum of screening, assessment, and aligned service delivery. With the assistance of this grant and ODMHSAS, there are now more than 80 service providers across the state trained in Trauma-Focused Cognitive Behavioral Therapy (TFCBT) in order to provide trauma-intensive services for children.

Available in almost every county in the state, DHS is expanding its use of Systems of Care through the Pinnacle Plan. Systems of Care is a collaboration of multiple agencies providing behavioral health services to children and families in the hope of

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maintaining the children in their community, avoiding admission to inpatient care or custody interruption. DHS works with ODMHSAS, OHCA, OCCY, OJA, OSDE, Parents as Partners, and various other community providers to provide wrap around.

A key component of Continuous Quality Improvement is engagement of stakeholders and input they provide in the improvements of child welfare practice. As implementation moves forward and additional information is gathered through case reviews and other methods, qualitative information will be able to shed insight as to the effectiveness of the collaborations that are ongoing, the results of communication occurring between service providers and Child Welfare, and most importantly, the quality of mental health services provided to children.

Systemic Factors

Information System (45 CFR 1355.34(c)(1))

The Children's Bureau has stated that, "The Statewide Automated Child Welfare Information System (SACWIS) is a federally funded, yet voluntary, case management system. SACWIS is the record hub for all children and families receiving child welfare support and contains a complete case management history." A SACWIS is a comprehensive, automated case management tool that supports child welfare practice. It is intended to hold a state's official case record, which includes a complete, current, accurate, and unified case management history on all children and families served by the state's or tribe's title IV-B and title IV-E entities. The Oklahoma Department of Human Services designed, developed, and implemented the first Statewide Automated Child Welfare Information System (SACWIS) known as KIDS in 1994-1995 using enhanced federal funding. Work on the application began in May 1994 with statewide implementation on June 6, 1995. When an issue is identified or there is a need to gather more information there are mechanisms in place to correct the issues and to provide the most accurate information gathering system. Application releases which occur every other month have kept the application current as well as correct any errors that have been identified. The SACWIS system is a case management system utilized by agency social workers, managers, administrators and others, such as tribal social workers, judges, and contractors.

There are many reports that are available through the information input into the SACWIS system that identifies the status, demographic characters, location, and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care. For example, The YI736B Children in DHS Custody without an Open Removal provides information on children who are not showing an open removal such as: their name, region, county, the supervisor and worker assigned, the removal begin date, removal end date, placement types, court number and county of jurisdiction. This information can be reviewed to determine if corrections need to be made and inform the field workers that there are children showing in DHS custody without an open removal and brings to their attention that there is information that may need to be corrected. The YI101 Judicial Report details information such as the hearing judge,

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removal dates, months, and days removed, official custody, general demographic information, and case plan goal. The YI103 Placement Report provides locating information to each child, contact information such as telephone numbers, as well as demographic information and educational information. There are many reports that can be utilized through the functioning of the SACWIS system to provide information for the children being served in the DHS system or to evaluate if information is being gathered accurately or if corrections are needed.

Currently, there is one Federal Reporting group and one State/ Ad Hoc Reporting group who assist in ensuring the information is accurate through validation processes. There is also a person solely dedicated to Pinnacle Plan Reporting. In the validation processes the input data is reviewed to determine if there are errors in submission or if correction is needed. SACWIS staff will contact field workers or upper level management for clarification and correction as needed. The KIDS system is also utilized for federal reporting submissions such as National Child Abuse and Neglect Data System (NCANDS), the Adoption & Foster Care Analysis and Reporting System (AFCARS), and The National Youth in Transition Database (NYTD). Validation processes are in place in order to provide the most accurate information in reporting details.

SACWIS has many strengths. Oklahoma has a very mature SACWIS compliant system with very mature data extraction processes. These processes are coupled with experienced technical and program staff, who have a very good understanding of both the data structure and case practice and also know how to navigate those two things in order to extrapolate meaningful quality data. Data quality regarding federal reporting (AFCARS, NCANDS, NYTD) has traditionally been a strength for the Oklahoma SACWIS system. Oklahoma is able to meet the requirements

The length of time that Oklahoma's system has been operational has also brought all of the issues that normally accompany an aging system that is past the end of its' expected lifecycle. Changes and enhancements to the system require much more forethought and preparation. The systems modules are heavily entangled with each other and changes to part of the system may have multiple effects on other seemingly unrelated sections of the application. At times, this includes unexpected changes to both federal and state reporting. This requires that KIDS program staff spend a lot of time assessing and re-assessing the validity and accuracy of existing reports.

Case Review System (45 CFR 1355.34(c)(2))

The Oklahoma Juvenile Justice System is comprised of various stakeholders including Attorneys, Judges, Children, Biological and Foster Parents, Educational Providers, CASA (Court Appointed Special Advocates), Tribal affiliates, etc. Although these entities serve a unique role, DHS continues to promote a positive working relationship with the court system in order to help move children to permanency safely and expeditiously. Oklahoma continues to have a case review system allowing families to have due process, consisting of periodic reviews for each child under the jurisdiction of

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the court, at times more often than required by statute. The Title IV-E Foster Care Eligibility Reviews in 2003, 2007, 2010 and 2013 all noted that Permanency Hearing Reviewing was occurring timely and more frequently than the 12 months required. Oklahoma's case review system also maintains a process for termination proceedings of parental rights if parents cannot change their behaviors which lead to their children entering care.

Improvements to the case review system have been enhanced due to DHS having an ongoing collaborative partnership with the Court Improvement Program (CIP) and the Administrative Office of the Courts. DHS has several members who serve on the CIP taskforce and serve on multiple workgroups that focus on education, ICW, quality legal representation and court performance measures. The Continuous Quality Improvement (CQI) team along with DHS program staff has ongoing and regular communication with the CIP that address court-related issues regarding cooperation and communication between all parties to improve safety, permanency, and well-being issues for children and families. DHS in collaboration with the Department of Education provided breakout sessions at the 2013 Statewide Judicial Summit. These sessions focused on education resources and needs for children as well as independent living information for older youth. A teen panel discussion centered on their personal experiences regarding quality legal representation and their involvement with the court system. The teen panel also had breakout session as a part the Judicial Summit. CIP has recently begun to explore opportunities to incorporate CQI activities into the court system. DHS has provided assistance and guidance on the essence of continuous quality improvement and how this process could look like and impact court improvement. The specific areas of discussion have included court observations, internal collaboration and input, survey development, data collection, data analysis, program development and evaluation. DHS is also assisting CIP by providing guidance and data that is being submitted the Region VI office of the Children's Bureau. The CIP invited CQI to attend the 2014 CIP conference held during the 19th National Conference on Child Abuse and Neglect. The Court Improvement Project continues to open avenues of communication with judicial partners to involve DHS in trainings and workgroups that significantly impact the work. Several focus groups were held with court partners and the overarching theme was that everyone desires a sense of "team" when working with families and all parties were dedicated to working hard to make that a reality.

Currently judges are provided with data from the SACWIS/KIDS report YI101 Judicial Report, which allows them to analyze data for the children assigned to their court room, including adjudication dates, dispositional dates as well as other pertinent data regarding the case progress. Dates for all permanency hearings for children under their jurisdiction are included to be monitored as well as dates of when Family Team Meetings occurred in the case. Family Team Meetings are viewed as one avenue for DHS to engage the family in the development of the written case plan, case decision-making and maintain consistent communication. According to present data on the YI101 Judicial Report, Family Team Meetings are documented as having occurred for approximately 60 percent of all children who currently have an open court number. The same report also indicates 89 percent have documented permanency hearings and 94

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percent have period court reviews within a timely manner. Qualitative information is unavailable at this time to gain insight as to the quality of the case review system, Family Team Meetings and input provided by family into the written case plan.

Providers for all children in foster care are notified of hearings through the SACWIS system. In Oklahoma's two largest metropolitan counties, Oklahoma and Tulsa, the Courts have provided case managers who have the responsibility of monitoring case progress outside of the courtroom to ensure that hearings within the courtroom are meaningful and productive. These case managers can also assist in documenting results of case reviews, including parties who were present, ensuring inclusion of foster parents. There are currently plans to add additional case managers to the metropolitan counties as well as one other county this fiscal year, and a plan to eventually have case managers in all 77 counties across the state. This should prove helpful in the expedient movement of cases for the children and families that DHS serves.

Quality Assurance System (45 CFR 1355.34(c) (3))

Child Welfare Services (CWS) is undergoing a transformation into a learning organization led by a management philosophy of Continuous Quality Improvement (CQI). CWS began with an extensive self-assessment process of our CQI system examining our current realities, strengths, and weaknesses using the "Administration for Children and Families Information Memorandum: Functional Components of a CQI System," dated 8/27/12 as a guide. The self-assessment process included focus groups, state research, workgroups, and technical assistance. The examination of our system included an understanding and consideration of the history of CQI in Oklahoma CWS and across the nation. It has also resulted in learning applied to the development of a new DHS Child Welfare Services Continuous Quality Improvement Plan. DHS Continuous Quality Improvement system, led by the CQI team, will effectively measure the quality of work, inform leadership and staff of what is and is not working in the system, and will work alongside all Child Welfare staff to improve outcomes for children and families.

I. Foundational Administrative Structure

Oklahoma's Child Welfare Services is committed to improving the safety, permanency, and well-being outcomes for Oklahoma's children; however, we have been challenged to do it better. In January 2012, The Oklahoma Pinnacle Plan: An Improvement Plan for Child Welfare Services was developed that establishes the direction, expectations, and values from which our workforce will operate. The Pinnacle Plan outlines the commitments and critical initiatives that will be implemented to better serve children and their families.

Some Organizations still adhere to the concept of "if it isn't broken, don't fix it." However, Oklahoma Child Welfare Services recognized that to continually expand our ability to shape our future, we would need to transform our Agency from a "Compliance-Based" to a "Learning" Organization. As a result, we are committed to making continual learning

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a way of our organizational life in order to improve the performance and outcomes of our Organization as a whole.

Transforming to a "Learning" Organization involves "Change" in the mind sets of our employees, community partners, as well as the culture of our organization. Per the Pinnacle Plan, Child Welfare Services committed to the following:

"We must know if the work is of good quality, be transparent about the outcomes, and hold all staff (front-line, management, and program) and providers accountable."

In order to achieve this goal, we are in the process of developing a Comprehensive Quality Improvement System. Implementing this change is critical to the achievement of positive outcomes for the children and families we serve. A well-constructed Continuous Quality Improvement (CQI) process will be a vehicle to drive change in Oklahoma Child Welfare Services. The National Resource Center for Organizational Improvement (NRCOI) defines continuous quality improvement as the complete process of identifying, describing, and analyzing strengths and problems and then testing, implementing, learning from, and revising solutions. It relies on an organizational culture that is proactive and supports continuous learning. CQI is firmly grounded in the overall mission, vision, and values of the agency. Perhaps most importantly, it is dependent upon the active inclusion and participation of staff at all levels of the agency, children, youth, families, and stakeholders throughout the process.

Recognizing the importance in understanding the Children and Family Services Review (CFSR) process is only one component of a full CQI process, leadership has been intentional in messaging to staff at all levels of the agency and among internal and external stakeholders, that the division's CQI approach is not another new initiative, but a continuous cycle of learning in effort to reshape the system state wide. The CQI approach is intended to support the achievement of positive outcomes for our children, youth and families and the CQI process that has been developed in Oklahoma will support staff in improving practice which will ultimately lead to healthy children, youth and families.

In the CQI process, the focus of improvement is the multiple processes and system as a whole, not the specific practitioners. The comprehensive CQI process is designed to send a strong message to all agency staff, internal and external stakeholders, that their involvement is crucial to the agency's continual learning, exploration of new ways of doing things, and continual opportunities for improvement.

Full implementation of the CQI process across the state represents a multi-phase effort that will be continually assessed during the Implementation Phase of the plan. High quality implementation is essential in ensuring we achieve our desired outcomes. This means CWS must have the capability to periodically monitor and evaluate CQI processes during all implementation stages so adjustments can be made as needed. Implementation stages focus on core components which allow the creation of a solid

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CQI knowledge base, building/creating written procedures (for aspects of the CQI Processes), mapping the On Site Review Instrument (OSRI), and all quality assurance activities.

In efforts to improve and create a Comprehensive CQI process, CWS recognized the significance of building a sustainable and solid foundation for the new "CQI" staff which emphasizes knowledge and capacity in understanding a comprehensive CQI approach, administering the new OSRI, involving/maintaining internal/external involvement, which includes training and education as to all aspects of CQI. CWS leadership is continually exploring the utilization of past and new training methods and processes (CORE training, Supervisor Case Reviews, Supervisor Academy, Opening Meetings, etc.). The formalized training/education portion of the CQI process will be another mechanism to assist in on-going development of a high quality, consistent and sustainable Comprehensive Quality Improvement process.

II. Quality Data Collection

The Department of Human Services will become an agency that relies heavily on both qualitative and quantitative data to improve outcomes for children and families involved in the child welfare system. Collecting quality data, both quantitative and qualitative, from a variety of sources is the foundation of a CQI system. Oklahoma's SACWIS system is a comprehensive, automated case management tool that supports child welfare practice. It is used to collect and extract accurate quantitative and qualitative data and intended to hold a state's official case record, which includes a complete, current, accurate and unified case management history on all children and families served by the state's or tribe's title IV-B and IV-E entities. The history of DHS SACWIS as well as the assessment of current functioning is outlined in the "Information System" systemic factor section. For data to be considered quality it must be accurate, complete, timely, and consistent in definition and usage across the entire State. CQI in Oklahoma is currently undergoing an implementation process, focusing on strategic methods to ensure quality data collection. During this implementation, Children and Family Case Reviews (CFSR) are being conducted utilizing the new Federal On-Site Review Instrument (OSRI). In order to build capacity regarding the new instrument and to ensure consistency in the application, instructions and scoring of the review instrument, only CQI staff will initially serve as reviewers. Training of the OSRI instrument among the reviewers has been established to build capacity. In addition, multiple layers of Quality Assurance have been established through case debriefings during the CFSR as well as a review of the instrument after completion by a neutral party. Upon stabilization of capacity of the Child Welfare workforce and enhanced consistency of CQI reviewers, supervisory and field staff will be integrated into the process as reviewers with CQI staff assistance. It is the intent with full implementation of a CQI cycle of learning at the local level that both qualitative and quantitative data will be utilized to assess outcomes and a bi-directional feedback loop will be in place in order to adjust and improve the Child Welfare system at all levels. Through this CQI cycle, staff at all levels of the agency will see the co-relation between practice and data and link data to their practice.

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DHS also acknowledges that qualitative data does not only come from its CFSR process. DHS utilizes additional sources to assess current functioning within multiple components of our Child Welfare system. This includes evaluations, surveys, and focus groups with both internal and external stakeholders, as well as additional reviews of cases for purposes of CPS appeals or case consultations by program staff. The challenge moving forward is to promote consistency in messaging of CQI regarding the quality in collection of this data and its consistent use in improving Child Welfare practice.

III. Case Review Data and Process

Historically, Oklahoma Child Welfare Services developed an onsite case review system which mirrored the Federal CFSR case review approach. Although, efforts were made to improve the quality of Child Welfare services using the CFSR as the catalyst to improvements in practice and outcomes, CWS has had the opportunity to become more informed and knowledgeable about what truly constitutes a comprehensive Continuous Quality Improvement (CQI) system and process. Building upon increased knowledge and understanding, is a realization and understanding of the importance and value that the success of the CWS vision of improving practice and outcomes is deeply in-bedded in the quality implementation of the changes in the CQI process and continual monitoring through a formalized, comprehensive, and agency - wide approach.

The Vision of Oklahoma's CQI system is:

1. The division of Child Welfare Services will transform into a learning organization that is reflective, progressive, flexible, and action focused.

The CWS team facilitates the learning of all members and continuously seeks to transform and improve. Strengths are recognized and are leveraged to improve results. CQI is a way of thinking and acting that is evident at all levels of the division from the top down, as CQI is grounded in our mission, vision, and values. Conversations at all levels reflect the value of continuous learning and a focus on strengthening practice to improve outcomes.

2. Strong relationships and partnerships throughout the division will be evident.

Strengthening relationships occurs through improved and reflective two-way communication and more solution-focused, collaborative efforts which results in a shared sense of responsibility for outcomes.

3. We will see measurable and sustained improvement in outcomes.

Continuous learning results in action planning to improve systems, practice and outcomes. Internal and external stakeholders have access to data and are involved in analysis and identification of strengths and areas for improvement. Both qualitative and quantitative data is used for learning, which results in action planning that includes measurable targets and follow-up. Collective responsibility

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for action planning, follow through, and measurement of outcomes is evident at all levels of the system.

In an effort to ensure the success of our comprehensive CQI process, CWS is in the beginning implementation stage of "piloting" the CQI process in each of the five Regions across the State. This method allows for the periodic monitoring adjustments can be made as needed to ensure a successful and high quality implementation statewide comprehensive CQI Process.

CQI is the gradual evolution of making subtle, positive differences in practice working together as a team with stakeholders and staff at all levels to improve practice through clarifying and interpreting. CWS seeks attainment of a shared vision that is a reflection of the state's value system. As a learning organization, CWS must create a supportive learning environment such that individuals feel safe interacting both within teams and with others. It is in this climate that inquiry and commitment to the truth are the norm. In such an environment, decisions are not "watered down" compromise, but rather are the result of true group analysis of complex problems in order to identify the best actions to address root causes of problems. It is not about gaining superficial knowledge but about learning, resulting in knowledge transfer and understanding. The expectation is not to condemn failure but rather to identify needs and build on success to improve all outcomes of the children we serve. Those closest to the work will be recognized as the experts. One purpose of the CQI team role is to provide the data and to help staff understand it. It is necessary to maintain an inductive mindset while continuously observing patterns of behaviors in order to identify strengths and areas of need which directly affect practice. Problem identification will be followed by supportive action toward resolution of identified problems. Feedback is embraced, and information is shared with internal and external stakeholders, staff, and programs through a continuous communication bi-directional feedback loop.

Currently CWS is in the planning phase of implementation and exploring options related to a sustainable case review process and schedule during this implementation phase. The options being explored include "whole-state" as well as a modified review process that specifically explores a small number of districts. Districts for consideration will be identified by diversity of people served (i.e., Native American population) and population size.

IV. Analysis and Dissemination of Quality Data

DHS currently utilizes CQI Quality Circles when analyzing and disseminating multiple sources of data at the local level. Quality Circles are a group of individuals who meet consistently to review data, processes, practices and outcomes of child welfare systems. Facilitated by trained CQI staff, they utilize data to guide their decisions when identifying issues and trends, brainstorming solutions, setting goals, identifying action steps, as well as tracking and adjusting goals. Participants of Quality Circle consist of those who have vested interest in improving practice and outcomes for the children and families they serve. Examples of members include Child Welfare Specialists,

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Supervisors, and District Directors, Regional Directors, Programs and external stakeholders within the community, region or state who provide services and/or impact decision making. Examples of external stakeholders include members of the court, tribes, law enforcement, foster parents, youth or service providers.

While in early stages of implementation, Quality Circles are being utilized at the local level. With full implementation, the intent is for additional Quality Circles to be added at all levels for analysis and dissemination to occur across the state. Quality Circles represent all levels of agency staff and serves as a structured process to facilitate CQI processes, feedback, evaluation and recommendations for system improvement.

V. Feedback to Stakeholders and Decision-makers and Adjustment to Programs and Process

The vision of CQI is to create a reflective, progressive, and flexible; action focused learning organization with strong partnerships throughout the division resulting in measurable and sustainable improvement in outcomes. Through the implementation of CQI and the Quality Circles, it is the intent for both internal and external stakeholders to utilize data to understand practice, identify areas of need, develop action plans, and monitor and adjust those plans, based on data to improve practice. Through the initial implementation phase, this process will occur at the local levels, providing for continual evaluation and adjustments if needed through the utilization of the Quality Circles. With full implementation of the CQI, Quality Circles will occur at all levels, from the County level to State level, providing a continuous bi-directional feedback loop. Communicating strengths and needs based on data will results in informing training, policy, practice, community partnerships, service array, automated system development, and other supportive systems. The statewide CQI cycle will lead to consistency of messaging, continuous learning and improvement of outcomes.

In addition, establishing this consistent learning cycle assists Child Welfare staff in understanding how results of CQI activities link to daily casework practices. This foundation begins with results being used by supervisors and field staff to assess and improve practice. On April 9, 2014, DHS held a "CQI Kickoff" meeting, in which CQI staff partnered with the National Resource Center of Organization Improvement (NRCOI) to reinforce this message. This meeting was attended by Child Welfare staff of all levels including local, regional and state Child Welfare leadership from the counties where CQI will be implemented. Although discussion occurred regarding what was to occur during implementation of CQI in their counties, most importantly, the day focused on the importance of CQI as whole as a mechanism to change outcomes for children and families. Key principles such as the value of their leadership to impact and sustain change, the importance of involving stakeholders and why data should be used to drive decision-making were reinforced throughout the day.

One of the leading principles in CQI is evaluation. CQI itself will be adjusted as needed over time as results indicate a need for additional study, information and/or analysis. The CQI team will utilize evaluations to measure the effectiveness of the CQI cycle and

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its impact on outcomes and performance areas. The evaluation will explore short and intermediate goals as well as long-term outcomes applying data analysis. CQI will also incorporate an evaluation specific to the effectiveness of CQI through participants, supervisors, district directors and other stakeholders. The CQI Process is designed to be a catalyst for change with the intention of improving practice resulting in improved outcomes for children and families. As Child Welfare Services continues to grow and transform into a learning organization led with a philosophy of CQI, capacity to effectively execute CQI activities will expand. Therefore, CWS operates with the intentions of continuing to enhance the sophistication of the process as internal capacity increases.

Staff Training (45 CFR 1355.34(c)(4))

One of the major focuses of the Pinnacle Plan is on workforce development. Oklahoma committed to increasing the number of staff, reducing turnover, and continuing to improve the experience level and practice competencies of staff responsible for day-to-day work on child welfare cases. Workforce development goes beyond just having the right number of staff in place to achieve caseload standards established in the Pinnacle Plan. To achieve positive outcomes for children and families, it is critical to employ a competent, committed, trained and resourced workforce. The agency is responsible for supporting the workforce through supervision, training, coaching, mentoring, and resource development. Because of the significant impact the content and quality of training has on the ability of front line staff to complete work with competence and confidence, DHS committed in the Pinnacle Plan to evaluating CORE (new worker academy) and the entire DHS pre-service and in-service training program to ensure training is not only consistent with Pinnacle Plan commitments but to ensure it is meeting the needs of front line workers and supervisors. The training unit has taken extensive steps to solicit feedback from within the agency as well as from key external stakeholders in order to meet this Pinnacle Plan commitment to evaluate training and to assess the functioning of this systemic factor in general. Assessment and solicitation of input and feedback has occurred through distribution and review of surveys to training participants, focus groups, Child Welfare Summits, creation of workgroups consisting of both internal and external stakeholders including the State/Tribal Workgroup, review of training curriculum and focus groups conducted by Co-Neutrals, as well as through a variety of other sources.

Feedback has revealed the need to focus on a few key areas of training. The detailed training plan can be found as an attachment 2. However, major themes emerging from input gathered are listed as needs below. These are in addition to initiatives already underway to implement the Child Welfare Specialist Certification and Field Training Program for new staff that is also outlined in the detailed training plan attached.

1. Updating CORE curriculum
2. Refining Hands on Testing (HOT) processes and procedures focusing on increasing objectivity of scoring through the use of new grading tools
3. Enhancing evaluation techniques to determine effectiveness of all training and as well as HOT

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4. Enhancing Domestic Violence curriculum
5. Assessing content and prioritization of level I and 2 courses required during the first two years of employment
6. Aligning all supervisory trainings with the core competencies assessed in the supervisory certification process
7. Assessing case management groups for supervisors to make improvements in supports offered to supervisors in the area of critical case decision making skills
8. Enhancing safety assessment and evaluation tools and training

Recent changes to CORE include working with varied program staff within the agency including tribal liaison to develop new material for CORE. CORE curriculum changes will be finalized along with training materials for use beginning in SFY15. Evaluating the effectiveness of this new training as well as aligning all other in-service trainings with the new curriculum will be a focus in the current plan.

The University of Oklahoma School of Social work is a partner with the training unit providing support and resources to the team. As partners they are active participants on the supervisory certification work group, participate on selection committees for a variety of child welfare positions, distribute posting of child welfare specialist's job openings to all social work programs across the state, developed an elective focusing on trauma informed social work practice in child welfare, and provide the Child Welfare Professional Enhancement Program (CWPEP) contract. Oklahoma University Health Sciences Center (OUHSC) is evaluating the CORE curriculum to assess how implementation of trauma informed concepts are integrated into the CORE curriculum. Additionally, through the CWPEP program, funding is provided for half of the cost of two Program Field Representatives for the training section.

The training unit reformatted the participant post core survey to gather actionable feedback from participants. For example, based on the feedback and evaluation of data on completion rates, changes were made to increase time spent on certain components prior to completing CORE. A new data base has been created that will allow the training unit to look at multiple variables at a micro and macro level. For example, the unit may be able to identify certain degrees or areas of the agency that would benefit from accommodations to meet their needs. With the implementation of the Hands on Testing (HOT) for CORE Training the CORE Evaluation done in previous years was replaced with the Hands on Testing Evaluation in FY 2013. The University Of Oklahoma School of Social Work is engaged in research to ascertain the effectiveness of the HOT interview process. The Hands on Testing Evaluation is completed yearly. The process now includes the CORE students, their supervisor, and the graders all receiving a questionnaire after the completion of a student's HOT testing. The questionnaires are focused on the students' participation in the various activities they are asked to participate in during the course of their training up to and including the Hands on Testing. Those activities include mentorship, Pre-CORE Activities, Friday meetings with the supervisor, OJT weeks and Post-CORE activities.

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A summary of the results include:

- 60 percent of supervisors said their worker learned "a lot" from the Pre-CORE activities
- Use of the KIDS system is an important skill focused on in CORE classroom training and many of the supervisors saw this reflected in the improved skill of their worker. 82 percent of supervisors said their worker's skills improved "appreciable" during CORE classroom training.
- 67 percent of the supervisors responding to the questionnaire said they believed the worker was "better trained" with the new course of the training process ending with the HOT evaluation than workers going through the "old" CORE training. Some supervisors expressed concern with the subjectivity of the grading process for HOT; however, 66 percent of supervisors expressed the belief that HOT is a fair and valid way to evaluate the competency of new workers.

In order to enhance objectivity of the HOT process, grading tools have been developed based on a core set of competencies and tailored to the unique skills required based on the Child Welfare Specialists type of service delivery i.e. foster care, permanency etc. Grading tools were developed by the training unit in conjunction with feedback from the agency at varied administrative/program levels. The graders receive training on the use of the new grading tools prior to assisting with HOT. Evaluation of the effectiveness of the process as well as of the use of these tools will continue over the next year.

The training team is bringing together various stakeholders to work on enhancing the Domestic Violence curriculum, inviting district attorneys, Court Appointed Special Advocates, the YMCA (agency administering domestic violence services approved by the Attorney General's office) CASA, YMCA etc. This will continue to be a focus over the next year.

Based on the concept of just in time training, an algorithm is being developed to assist with assignment and prioritization of new worker level courses to determine the most effective timing of each training related to the development of new staff. The algorithm varies based on the worker's tracks or primary role within Child Welfare. Each course is weighted as to the priority of the training to support required training and skills being imparted that build off of CORE training. This process was a collaborative effort with program personnel and will continue over the next year.

The University of Oklahoma School of Social work has partnered with DHS to provide a Case Management Program (described in detail in the training plan) for supervisors. Assessment of the effectiveness of this program is underway. During the next fiscal year, plans will be developed to enhance the use of this resource to better support frontline supervisors. The annual Case Management Program Survey was distributed at the 2013 Child Welfare Supervisors' meeting held in Norman on June 12-13, 2013. The results that will be utilized to make changes are as follows:

- The majority of respondents report that meetings are useful to them and helpful with issues around Practice Model implementation.

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- 95 of responding supervisors rate the overall usefulness of the Case Management Program as good, very good or excellent
- Most of the supervisors responding to the survey think that the "discussion with peers" is the most helpful aspect of the Case Management meetings. Sixteen percent say that "case staffing" is most helpful and very few (1.4 percent) indicate that focus on the Practice Model is the most helpful part of the meetings.
- 75 percent of respondents gave a rating above the median of 4 on the 7 point scale on this question; indicating they believe they have learned from their participation in the Case Management group meetings. Only 5 percent answered with a rating of 1 or 2 on the 7 point scale indicating they think they learned little from participation.
- One other area that supervisors seem to gain from in Case Management meetings is supervisory issues. Eighty percent of supervisors said that discussion and information from the meetings helped them with supervision issues.

DHS partners with tribes to make available training offered through the training unit. Tribes are invited to participate in CORE and level trainings along with regional trainings that can be created upon request to meet the needs of supervisors, county office or region. Most recently customized customer service training for a county was developed. In addition tribal members are invited to the annual supervisor's conference. The training unit via CORE addresses a wide array of topics related to working with Native American children ranging from: notification of tribes, collaborating with tribal workers, ICWA, placement preference etc. To enhance the introduction of the historical significance of ICWA, a new pre-core and on the job training (OJT) has been introduced. The DHS tribal liaison is involved in modifications to CORE trainings to assist with cultural sensitivity.

Service Array (45 CFR 1355.34(c)(5))

One component of the Pinnacle Plan addresses community engagement, collaboration and partnership. DHS remains committed in engaging community partners, other state agencies, the private sector, and Tribes in supporting children and families in order to determine individualized service needs. In order to continue this work, multiple initiatives have been undertaken to evaluate how we can continue to all work together to better meet the needs of the children and family we serve.

Based on a literature review, data collected in work group meetings, and focus groups conducted from December 2012 through April 2013, an annual online needs assessment survey was developed. The needs assessment was designed to gather data to measure service and quality gaps in order to assist child welfare staff in meeting the needs of children and families. As result of feedback and results of the assessment, service needs across the system was determined a primary emphasis. In addition, a qualitative review was conducted jointly by DHS and The Child Welfare Policy and Practice Group from December 2013 through January 2014.

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Results from these multiple evaluations gleaned valuable information toward improvement of outcomes for children and families. Systemic barriers in the child welfare system are a challenge to overcome in developing strategies to address service and quality gaps. In order to match and deliver appropriate individualized services to children and families, communication, collaboration and information sharing is of utmost importance. In addition, geographic differences in service availability are a determining factor in the delivery of the highest quality and most effective services being available statewide. To assist with this challenge, a Systems of Care approach, in collaboration with the Oklahoma Department of Mental Health and Substance Abuse Services, is being utilized to increase availability of services for children and families served by DHS across the state. This effort is focused on safely maintaining children in their own homes, timely reunifying children, and improving placement stability by supporting biological, adoptive, and resource parents in caring for children with behavioral health needs. Systems of Care is nearly available statewide, and this expansion will focus on children in the CW system. To date, the renewal of the System of Care contract between DHS and ODMHSAS was completed and a five-year plan was developed. Other initiatives, in which DHS is collaborating with ODMHSAS and the Substance Abuse Mental Health Services Administration, include enhancing substance abuse treatment services to clients of family drug courts and reducing the barriers that families often experience in both accessing and completing the services, in an effort to reunify children with their families in a more timely manner. These are county specific at this time, but the goal is to replicate the projects in other counties with family drug courts. There has been an identified need for effective preventative services to keep children safe in their own homes. Families need services tailored to their unique circumstance, which requires flexibility on the part of providers to be able to match services to individual family needs. DHS is working towards expanding preventative services to include performance expectations with service providers. Contracted comprehensive home based services are available to assist facilitation in reunifying children with their families or maintaining children in their own home. These services are also available to maintain kinship placement, maintain post-legal adoption, maintain permanent out of home placement, and maintain trial adoption.

In a recent survey of Child Welfare workers they were asked to rate available services as to which are most effective for children and families. According to those surveyed, Trauma-informed services (34 percent) were viewed as the most effective, while Therapeutic Foster Care (14 percent) was viewed as the least effective. However, in the same survey, Child Welfare workers responded that the service they felt was most effective was not as available for them to utilize. (Counseling: 65 percent vs. Trauma-Informed services: 32 percent) DHS is committed to moving toward a statewide implementation of a Trauma-informed system utilizing the Oklahoma Trauma Assessment and Service Center Collaborative (OK-TASCC) grant received in 2012. The grant encompasses 5 main components:

- Universal screening for the early identification of children and youth with behavioral and mental health needs;

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- Functional assessment which will measure improvement in skill and competencies that contributes to well-being;
- Data-driven, outcomes orientation case planning to match identified strengths and needs with effective services;
- Progress monitoring to determine progress toward functional outcomes; and
- Service array reconfiguration that will ensure access to effective, evidence-based/evidence-informed treatments and services that are and youth.

Currently, DHS is undergoing a pilot of a screening tool at the Fostering Hope Clinic in Oklahoma City, OK. If successful, the screening tool will be expanded for further use. The integration of screening within Child Welfare will help in identification of people who are at-risk for developing behavioral health difficulties and in identification and utilization of the right array of services. DHS has also assisted with funding for Trauma-Focused Cognitive Behavioral Therapy (TFCBT) training for 80 providers to in order for them to offer trauma services to children.

CW has contracted services for sexual abuse and parenting services with community agencies in various locations across the state, including the Oklahoma City Latino Agency. The sexual abuse service providers utilize evidence-based models such as Child Behavioral Interaction Therapy (CBIT) and Trauma-Focused Cognitive Behavioral Therapy (TFCBT). The modalities for the parenting services vary from agency to agency. CW has identified a gap in the division's ability to evaluate the effectiveness of these services. Current contracts have been adapted to provide information on monthly reports that includes a unique client ID for the child and parents which will permit collection of outcomes related to recidivism. This process in the development and planning stage and should be fully developed over the next five years. Efforts to move to performance-based contracts and include the use of evidence-based or evidence informed practices, as part of the selection process and contractual agreements, are being explored. These measures will be enacted once the current contract renewal period has expired.

Agency Responsiveness to the Community (45 CFR 1355(c)(6))

Pinnacle Point 7 of Oklahoma's Pinnacle Plan outlines that "we must engage community partners, other state agencies, the private sector, and Tribes in supporting children and families involved in the child welfare system. DHS recognizes that "we cannot do it alone". DHS is only one part of the system that ensures children are safe and families are served well. Pinnacle Point 7 outlines key strategies that include aggressive, structured efforts to purposefully engage community partners across the state in building the supportive base necessary to accomplish goals and objectives and more effectively support children and families. DHS is fortunate in that community partners and other public and private agencies are fully engaged in both partnering with the agency to assess the functioning of the system as well as to develop solutions for identified areas of need. Specific aspects of community engagement and agency responsiveness to the community are addressed in each of the systemic factors sections of this document. CFSP goals identified are the focus of all efforts within the

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agency over the next five years. Ongoing collaboration regarding these specific goals and strategies outlined in this document will occur throughout the course of each CQI cycle of learning that occurs in each district. Each cycle includes a convening of key stakeholders who will analyze data to assessment system performance, identify barriers, and develop, implement, and monitor action plans.

Because of the significance of the role of community partnerships in the achievement of positive outcomes for children and families along with the increasing responsiveness of the community to the call of Oklahomans to meet the needs of the children and families served by both the agency and other community partners, DHS has recognized a need to develop a position that is focused on child welfare partnerships. A new deputy director position has been added to the Child Welfare Executive team. This position focuses on establishing and strengthening community partnerships.

Foster and Adoptive Parent Licensing, Recruitment, and Retention (45 CFR 1355.34(c)(7))

Information regarding this systemic factor is provided in Oklahoma's Resource Recruitment and Retention Plan, Attachment 3.

3. Plan for Improvement

Goals (45 CFR 1357.15(h)):

Oklahoma Department of Human Services seeks to accomplish the following goals during the five-year period of the 2015-2019 CFSP. The goals were developed based on assessment of systemic factors, available data, and discussion with stakeholders, tribes, and courts as well as joint planning with Children's Bureau. The description of this review, analyses, and joint planning efforts that supports the rationale for selection of these goals is provided above in section 3 of this document. These selected goals address priority concerns and focus on significant areas of improvement addressed in other operation plans such as Oklahoma's Pinnacle Plan and Oklahoma Department of Human Services Strategic Plan SFY2014-2015

Goal 1: (Safety) Increase the number of children who are remaining safely in their own homes.

Measure	National Standard Or National Median	Baseline	Target by end of SFY19
Foster care entry rate per 1,000	3.7	6.3 (5,980 children)	4.9 (4,600 children)

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Measure	National Standard Or National Median	Baseline	Target by end of SFY19
	National median for 2011	Source: NCANDS FFY13 Data Profile	
Children who received preventative services from the state during the year (CHBS & FCS)	NA	4,629 children Source: NCANDS FFY13 Agency File	6,000 children
Absence of Maltreatment Recurrence	94.6%	93.8% Source: FFY13 Data Profile	94.6%

Objectives for Goal 1:

Action Steps:

- We will apply for an IV-E Waiver Demonstration Project that would allow more flexibility in the use of federal funds to keep children safely in their own homes. The application was completed February 2014 yet continuing through SFY15.
- If, approval of the IV-E Waiver Demonstration Project is granted by the Children's Bureau, DHS intends to implement the following service interventions under the demonstration project beginning in SFY16:
 - Increased investment in the current Comprehensive Home Based Services (CHBS) program to support evidence-based and evidence-informed practices (Safe Care, "Managing Child Behavior", and Motivational Interviewing). The purpose of the expansion is to serve the expected increase in referrals once staff are re-oriented to the existing program and available services
 - Addition of evidence-informed Intensive Safety Services (ISS) to the OCS service array to provide more immediate and intensive services to prevent removal; ISS would be complemented by the addition of services to address specific issues including:
 - Evidence-informed Healthy Relationships to address domestic violence;
 - Evidence-based cognitive behavioral therapy to address parent depression.
- If approval for the IV-E Waiver Demonstration Project is not granted, DHS will develop alternate strategies that are supported by the current funding for SFY16.

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- We will increase the number of workers dedicated to Family Centered Service and will provide adequate training and supports to workers related to safety analyses and safety planning. This will occur in SFY15.
- We will improve the quality of safety decisions through enhanced policy and curriculum followed by training and support in the field. This will include new curriculum and training materials and will begin with training at the annual supervisors' conference in summer 2014.
- We will partner with Casey Family Programs, Annie E. Casey, and the Child Welfare Policy and Practice Group to implement the recently developed "Sooners Sentinel Site Project". The SSSP is based on a successful methodology borrowed from public health in which a few smaller geographic areas are chosen to implement proven strategies and determine how best to "scale up" to a larger geographic region. The two Sentinel Sites chosen for the SSSP are Tulsa and Oklahoma Counties. Training and coaching in the following targeted areas begins in June 2014 in the first pilot site and continues through September 2014.
 - *Engaging and Building Trust* with Families so they can reach their goals
 - *Leadership Development*: All of us are leaders. How do your strengths get recognized?
 - *Team Decision Making*: Families are engaged when they are involved in critical decisions. How do we make the very best placement decisions together?
 - *Early Childhood Development and Brain Science*: What's best for babies and toddlers?
 - *Family Finding*: Going the extra mile to find kin and relatives to support children and parents when they are experiencing a crisis.
 - *Recruiting Resource Families*: finding and keeping the best resource families for the children we serve
- Lead indicators will be identified and evaluated, as systemic change as a result of this intervention is expected to occur over a longer period of time. We will work with our partners to identify lead measures that will be tracked and evaluated to assess immediate impact of the interventions. Lessons learned will be utilized to make necessary adjustments before the interventions are implemented statewide. This will occur in SFY15.
- We will continue to partner with national experts to receive technical assistance to enhance our CQI leadership competencies as well as CQI processes to evaluate the effectiveness of interventions and to identify areas of strengths and areas for improvement. Quantitative and qualitative data at the county level will be analyzed with input from key stakeholders and will be the basis of action planning within the division. The purpose of county specific analyses is to identify variation in performance across the state in order to gain a better understanding of all factors influencing progress towards targeted outcomes. This will occur in SFY15.

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Important Results:

- Increased number of children remaining in their own homes through safety planning and services.
- Increased knowledge of staff regarding safety planning and engagement of families.
- Increased number of staff trained with enhanced safety training curriculum.
- Increased knowledge of systemic factors impacting progress towards goals.

Goal 2 (Placement Stability): Increase the proportion of children who experience two or fewer placement settings.

Measure	National Standard Or National Median	Baseline	Target by end of SFY19
Two or fewer placement settings for children in care for less than 12 months	83.3%	72.9% Source: FFY13 Data Profile	83.3%
Two or fewer placement settings for children in care for 12 to 24 months	59.9%	50.8% Source: FFY13 Data Profile	59.9%
Two or fewer placement settings for children in care for 24+ months	33.9%	24.8% Source: FFY13 Data Profile	33.9%

Objectives for Goal 2:

Action Steps:

- We will implement the strategies outlined in Attachment 2 DHS Resource Recruitment and Retention Goals, Objectives and Strategies. Specific objectives and strategies impacting this goal are outlined in this document. This will occur in SFY15
- We will improve preparation, training, and support of public and private resource parents with four additional strategies beginning in SFY15.
 - DHS resource staff and private providers will conduct quarterly home visits to the home of the resource parents for the purpose of offering ongoing support. Prior to implementation, a contact guide will be created to ensure the visits are purposeful. Input will be gathered from current resource parents and front-line staff.

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- DHS will assist resource parents with completing specific training focused on trauma. This training is currently available online and will also be made available through other methods, such as in-person and on DVD, for resource parents without web access or who would prefer a classroom-type setting.
- The National Resource Center for Youth Services (NRCYS) will implement a model of support groups (network groups) for resource parents in region 5 (Tulsa metro area) and district 23 in region 2 (Pottawatomie and Lincoln Counties). Although implementation will begin in Year One, it will take time for the groups to mature and provide the support needed by families. During Year Two, NRCYS plans to extend implementation to an additional district of the state and continue expanding at a rate of one to two new districts per year through SFY2017. District 7 (Oklahoma County) will be the next site.
- The Center on Child Abuse and Neglect (CCAN) and OKDHS will implement a pilot project in regions 3 and 5 (Oklahoma and Tulsa Counties) to support resource parents and stabilize placements by providing a parenting curriculum and implementing a support model. This pilot project is modeled after an evidenced-based program and will be considered for expansion based on the results.
- Through SFY15, we will closely coordinate efforts and strategy implementation with faith-based community and other foster care partners.
- We will partner with 111 Project to craft a specific focus for child welfare's participation in the group.
- We will improve collaboration and communication with Resource Family Partners, contracted agencies.
- We will partner with Casey Family Programs, Annie E. Casey, and the Child Welfare Policy and Practice Group to implement the recently developed "Sooners Sentinel Site Project" as discussed under "goal 1's action steps". The specific strategies outlined in this plan targeting this goal are family engagement, family finding, and team decision-making. These strategies will focus on earlier identification of appropriate family members for safety planning and quicker placements during the CPS process, which will positively impact our ability to prevent shelter placements for children and to make the first placement for children a family like setting.
- As outlined in the Oklahoma Trauma-Informed System Implementation Plan, we will enhance practice with trauma-informed initiatives, additional screening tools, and a Systems of Care focus. This effort will enhance all aspects of the child welfare system so that it is trauma-informed and will provide screenings, assessments, and supportive services to help children achieve permanency.
- In partnership with the Oklahoma Department of Mental Health and Substance Abuse Services, we will expand the availability and usage of Systems of Care services to children.

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Important Results:

- Increase in approved foster and adoptive homes
- Increase satisfaction of current foster and adoptive families with support received
- Increased knowledge of staff in the areas of family engagement, family finding and team decision-making
- Increased community engagement and collaboration
- Improved placement stability for children in out of home care

Goal 3 (Permanency): Increase the proportion of children who reunify within 12 months of first entry.

Measure	National Standard Or National Median	Baseline	Target by end of SFY19
Exits to reunification in less than 12 months	69.9	58.7% Source: FFY13 Data Profile	69.9%

Objectives for Goal 3:

Action Steps:

- We will increase the utilization of FTMs to achieve permanency for children. The SSSP mentioned in action steps related to goal 1 and goal 2 supports this action step.
- We will work with key groups providing technical assistance to incorporate family engagement, family finding, and family team meeting concepts through all aspects of child welfare training. As training and other necessary supports are provided to staff, we will see a reduction in turnover.
- We will increase family visitation between biological parents and children when the case plan goal is reunification.
- As outlined in the Oklahoma Trauma Informed System Implementation Plan, we will enhance practice with trauma-informed initiatives, additional screening tools, and Systems of Care focus.
- We will pilot the use of research based tools to evaluate the engagement and collaboration of families by children welfare specialists.
- We will engage the Court Improvement Program to improve systemic barriers related to timeliness of reunification.
- We will engage community collaborative boards in local communities to assess local needs related to service array for families through our CQI processes.
- We will utilize the new CQI processes to analyze both qualitative and quantitative data related to performance outcomes specific to permanency for children.

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Community stakeholders will be engaged at the county level through Quality Circles in analyses of data, identification of strengths and areas of need within the system, and action planning centered on permanency for children.

Important Results:

- Increased usage of FTMs and increased fidelity to a FTM model adopted by the DHS.
- Enhanced and consistent training for all frontline staff in key concepts that are the foundation of Oklahoma's Practice Model.
- Reduction in turnover of frontline staff
- Increased occurrence of visitation between parents and children
- Improved understanding of action related to CQI concepts and increased utilization of data to inform practice and action planning
- Increased stakeholder involvement in action planning at the local level
- Improved timely reunification for children in out of home care

4. Services

Child and Family Services Continuum (45 CFR 1357.15(n))

Prevention

The Oklahoma State Department of Health (OSDH) Office of Child Abuse Prevention (OCAP) is the designated lead agency of the Community Based Child Abuse Prevention (CBCAP) grant. OSDH, the Oklahoma Department of Human Services (DHS), the Oklahoma Commission of Children and Youth (OCCY), Oklahoma University Health Science Center (OUHSC), Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) and Oklahoma State Department of Education (OSDE) collaborate on the delivery of services. The majority of state-funded prevention activities are provided on a statewide basis, others are county specific. The Child Abuse Prevention Network conducts a myriad of public awareness and prevention activities including a "Child Abuse Prevention" month, the coordination of regional prevention networks, and the circulation of a variety of public information tools, such as handouts and brochures. A full description of the activities and services is found the OCAP Annual Report SFY 2013, and a combined report of the FFY 2012 CBCAP Annual Report and FFY 2013, CBCAP Grant Application. (*Family Support*)

The "Think.Prevent.Live" campaign, sponsored by DHS, OSDH, and the Child Death Review Board (CDRB), is a public information campaign with "one simple goal – to reduce the number of child deaths that could have been prevented." Preventive child care assistance is provided statewide on a case-by-case basis as referred by DHS to the Child Care Services (CCS). (*Family Support*)

DHS funds support the evaluation conducted by OUHSC of the SafeCare model. The collaboration began in 2002, in an effort to develop, test, and refine home visitation programming for families with young children, five years of age and younger, at high-

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risk for child abuse and neglect due to parental mental illness, substance abuse, or domestic violence. SafeCare, an evidence-based home visitation model, targets parenting skills related to parent-child bonding, child health, and home safety to prevent child abuse and/or neglect using a model, practice, feedback approach. Currently, there are two teams providing secondary prevention services in the Safe Families program. The program utilizes the SafeCare model for child maltreatment in high-risk families in Oklahoma County. An examination of the Safe Families program is evaluating the impact of adding curriculum that directly address the risk of family conflict and violence, parent depression, and child behavior problems as well as program adaptations for Oklahoma Latino communities. *(Family Support/Family Preservation)*

DHS dedicated significant Temporary Assistance for Needy Families (TANF) funds toward the Oklahoma Marriage Initiative (OMI) to strengthen marriages and increase child well-being. Strengthening marriage or parental relationships is the key component of three of the four goals of this initiative, for which block grants are provided to each state. DHS also expanded TANF services and partnered with other state agencies to train instructors in providing marriage and relationship skills to TANF families and low-income adults across Oklahoma. One such program is offered by Public Strategies (PSI), a private and not-for-profit strategic planning firm, manages Family Expectations (FE) a comprehensive, couple-based intervention with the goal of strengthening couple relationships in Oklahoma County to provide the best possible environment in which to raise a child. FE targets the transition to parenthood because it is a crucial time that provides "teachable moments" to encourage positive behavioral change. *(Family Support/Family Preservation)*

The Oklahoma Coalition Against Domestic Violence and Sexual Assault (OCADVSA) provides presentations and education activities to organize and mobilize member programs across the state to prevent, treat, and eliminate sexual and domestic violence and stalking in the state of Oklahoma and Indian Country. *(Family Support/Family Preservation)*

Intervention

Centralized Child Abuse and Neglect Hotline (Hotline) – The centralized Hotline was instituted as a part of the Practice Model implementation to provide specialized and consistent intake decision-making on disposition reports. The Hotline was officially established November 2009, and fully implemented to all 77 counties on February 1, 2012.

By statute, DHS receives and screens reports of child abuse and neglect in the state. Statewide intake of reports is conducted at a centralized hotline that operates 24 hours, seven days a week. A report that meets the definition of child abuse and neglect, per state statute and regulation, is assigned as an assessment or investigation, given a priority and initiation timeframe, and then transferred to the appropriate county. A report that does not meet criteria for assignment as an assessment or investigation may be referred to other resources as appropriate. Families in need of additional food, housing, or other supportive service may be referred to DHS family support programs. Needs

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may also be served by community resources, such as local food banks or similar programs.

Child Protective Services (CPS) - is a child welfare service provision that focuses on preventing, identifying, and treating child abuse and neglect to ensure child safety. Efforts are made to maintain and protect the child in his or her own home when safety threats can be managed and controlled. The primary purpose of CPS intervention is to protect the child, assess family strengths and needs, and provide services to remedy the conditions and behaviors that create threats of abuse or neglect. When a safety threat is identified and there is no person responsible for the child (PRFC) with the capacities to protect the child, the child welfare specialist may open a family centered service (FCS), case when safety planning can prevent removal, or a permanency planning (PP) case when court involvement is required to ensure the child's safety. *(Family Preservation/Family Support)*

Treatment Services

Contingency funds - are available to child welfare specialists for use in both in-home and reunification cases to provide concrete services, such as food, clothing, utility bills, rent, home repairs, and public transportation tokens. Contingency funds are also utilized to reimburse for parent psychological evaluation when other sources of funding are not available. The one-time funds support the maintenance of children safely in their own homes or enables them to return home. *(Family Preservation/ Family Support/Time-limited Family Reunification)*

Family Centered Services (FCS) – are provided by DHS and include appropriate referrals and services for families after the completion of an investigation of child abuse or neglect allegations. The FCS purpose is to focus on the child's safety and preserve and strengthen protective capacities of the PRFC to keep the child safely in the child's own home. *(Family preservation/Family support/Time-limited family reunification)*

Developmental Disabilities Services (DDS) – planning and service delivery occurs through a partnership of effort between two divisions, Child Welfare Services (CWS) and DDS. CWS staff consults with DDS staff at any point in the case when it is indicated that a child may have a physical, developmental, or emotional disability. Specific guidance is indicated in policy to consider vulnerability of a child who is unable to speak, ambulate, or provide self-care. Deprived children in the DHS custody are prioritized for DDS services. This affords expedited access to a comprehensive array of evaluation, planning, residential, health, habilitation, communication, transportation, and adaptive services. *(Family preservation/Family support/Time-limited family reunification/Adoption promotion)*

Diligent search - activities may be conducted by all child welfare (CW) staff for children receiving child welfare service to assist with placement decision and identifying positive connections to support the child. Specific Bridge staff is assigned this responsibility and conduct the search as initial placement or subsequent placement resources are explored. *(Family preservation/Family support)*

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Domestic violence services – are accessed in the community through local public and private mental health providers. Services may include shelter care, individual and group counseling for victims and offender treatment programs. The Oklahoma Office of Attorney General maintains the list of certified providers. *(Family preservation/Family support/Time-limited family reunification)*

Oklahoma Children's Services (OCS) – are available for FCS cases to support prevention of removal of a child from the home as well as PP cases to support timely reunification. These intensive in-home services are available statewide through contracts with public mental health providers. OCS provides time limited, needs driven, home-based services available to families in communities through a system of two programs, Comprehensive Home Based Services (CHBS) and Parent Aide Services (PAS). CW specialists authorize services delivered by local contractors. SafeCare, an evidence-based home visitation model, targets parenting skills related to parent-child bonding, child health, and home safety to prevent child abuse and/or neglect using a model, practice, feedback approach, is administered by CHBS providers. Case management and brokering services promote family access to such supports as parent education and assistance, substance abuse education and referral for treatment, financial and household management, crisis intervention, and education with an average six-month support interval. The Parent Aide program provides paraprofessional, in-home services to help families gain parenting and homemaking skills. *(Family preservation/Family support/Time-limited family reunification)*

Independent living services (IL) – are provided by Chaffee Foster Care Independence Program (CFCIP) and Education Training Vouchers (ETV) program is youth focused and driven serving state and tribal custody youth 16-23 years of age who are at various stages of achieving independence. The program emphasizes the importance of early planning for successful transition to adulthood and promotes the importance of permanent connections, encouraging a multi-disciplinary approach using culturally relevant and age appropriate resources and services. The program utilizes life skills assessment, development and training, youth development funds, and collaborates with other state agencies and community providers to support services focusing on education, employment, and career planning. *(Family support/Time-limited family reunification)*

Parent assistance center/sexual abuse treatment services - provide education, support, and child-care while parents attend education and counseling sessions. Sexual abuse treatment services provide individual, family, and group counseling for children and families affected by sexual abuse. Non-profit organizations provide services at a fixed rate, eliminating the bid process. Vendors are selected based on the service effectiveness, working relationships with district offices, and willingness to travel. Currently 13 of Oklahoma's 77 counties do not have available services due to a lack of appropriate vendors. *(Family preservation/Family support/Time-limited family reunification)*

Permanency planning services (PP) - are provided to children and families who are involved in the juvenile court system due to child abuse and neglect. Services are

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directed at reuniting families as expeditiously as possible after removal occurred or arranging an alternative permanent placement. The planning goals are safety, well-being, and permanency. Goals are achieved by: (1) identifying children's specific needs; (2) identifying the family's strengths and needs, especially as they impact removal and reunification; (3) providing timely, family focused services necessary for the realization of permanence; and (4) assuring the availability of an alternate permanent resource for children when reunification is not feasible. (*Family preservation/Family support/Time-limited family reunification/Adoption promotion*)

Substance abuse treatment services - include evaluation and assessment, referral, crisis intervention, individual and group counseling, case management, substance abuse related education, treatment planning, community outreach, intensive outpatient treatment, drug testing in conjunction with assessment and treatment services, and consultation. Services are coordinated and contracted through AFS/TANF and provided through an inter-agency agreement with ODMHSAS. (*Family preservation/Family support/Time-limited family reunification*)

Systems of care (SOC) - is a comprehensive spectrum of mental health and other support services that are organized into coordinated networks to meet the multiple and changing needs of children, adolescents and families with serious emotional disturbances. SOC accomplishes this by providing community-based, family driven, youth guided, and culturally competent services statewide.

In collaboration with ODMHSAS, DHS is increasing the number of children involved in CW services who are also served through SOC. This effort focuses on maintaining children safely in their own homes, timely reunifying children with their families, and improving placement stability by supporting biological, adoptive, and resource parents when caring for children with behavioral health needs. Oklahoma is one of a few states in the United States (U.S.) that is implementing SOC statewide. It is anticipated that statewide implementation will be fully realized by 2015. (*Family preservation/Family support/Time-limited family reunification*)

Foster Care

Bridge resource family - is a family that commits to maintaining the children's connections; working towards reunification by mentoring parents; and being a transitional or permanent connection when reunification is no longer possible. (*Family preservation/Adoption*)

Community - based residential care, behavioral health, and placement services - provide care and treatment for deprived children with needs exceeding the resources of their own home or foster family care. Community-based residential care includes a variety of levels of group home care that provide support, supervision, and treatment required by specifically defined, target populations. At these placement levels, DHS CCS licenses these programs as either a child placing agency or residential child care facility. (*Family preservation/Family Support/Time-limited family reunification*)

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Emergency Shelter Care - services are provided to children who are removed from their own homes due to abuse or neglect. These services include voluntary placements at the parents' request and care for children whose teen parents are in DHS custody. Emergency shelters serve children at the Pauline E. Mayer Center in Oklahoma City, and the Laura Dester Center in Tulsa. Emergency foster care provides family foster home placement to children younger than 6 years if age in Tulsa and Oklahoma counties for up to 30 calendar days. A contract with J. Roy Dunning provides emergency foster care in Comanche County for children younger than 6 years of age. Oklahoma Youth Services shelters, funded through the Office of Juvenile Affairs (OJA), are located across the state and provide emergency placement services for children as well. (*Support services*)

Foster care - Foster family care is a planned, goal-directed service that provides full-time substitute care and supportive services to children in an approved foster family home pending realization of permanence. Foster family care is considered the least restrictive setting outside the child's own home, a kinship home, or the home of tribally defined extended family members. Every effort is made to achieve placement with a foster family in a child's own community when other preferred resources are not available to minimize disruption of relationships, education, and other supports.

Kinship family care is the full-time care of children by a family who is related to the children by blood, marriage, adoption, or emotional tie. Kinship care differs from foster family care in that a relationship existed, prior to placement, between the caretaker, the parents, and the child in out-of-home care. Kinship family care is a preferred option when available to children.

Therapeutic foster care (TFC) provides behavioral management services to children in foster home settings. Children in TFC do not require 24-hour awake supervision and are accepting of relationships in a family-like setting, but require more intensive services than traditional foster care. DHS contracts for TFC with licensed child placing agencies that provide direct clinical treatment services to children and families. (*Family support/Time-limited family reunification*)

Resource family training - is 27 hours of pre-service training for resource parents and utilizes the Guiding Principles for Oklahoma Bridge Resource families, a trauma-informed curriculum that emphasizes best practices and practical applications. (*Family support*)

Respite care: is a service for biological, foster, and adoptive families of children with special needs. These services may be utilized when there is family emergency, foster family vacation, or when the family needs short-term relief. (*Family preservation/Family Support/Time-limited family reunification*)

Adoption

Adoption services - are provided to the child in DHS custody when reunification efforts with the parent or legal guardian have failed or are not in the child's best interests, and permanency may be achieved through an adoptive placement. Adoption is considered

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for each child in DHS custody who cannot return home regardless of the child's age or special needs. A comprehensive service array is available to identify, approve, match, and support adoptive families. (*Family preservation/Family support/Adoption promotion*)

Child profile: is a full-disclosure report prepared when the child's permanency plan is adoption. The profile includes information regarding the child's biological family and the child's social, educational, and medical history. It is provided to the adoptive parent after the adoption authorization is completed and prior to the child's placement in the adoptive home. Promoting Safe and Stable Families (PSSF) funding and state dollars were combined to fund fixed-rate contracts to gather and document information required for full disclosure to potential adoptive parents because the timely collection and documentation of this information was a major systemic adoption barrier. (*Adoption promotion*)

Confidential intermediary search program – is a search program that allows individuals who were separated from their birth family members through adoption and termination of parental rights proceedings in Oklahoma to have a confidential intermediary search for their birth family members. (*Adoption promotion*)

Mutual consent voluntary registry - is a registry established by DHS for adult adoptees and individuals separated from birth family members through termination of parental rights proceedings. It allows these individuals and their birth family relatives to indicate their willingness to have their identity and whereabouts disclosed to one another. When an adoptee and one of his or her birth family members register, a "match" between the adoptee and a birth family member may result in a reunion. The same applies to individuals and their relatives separated by a termination of parental rights proceeding. (*Adoption promotion*)

One Church One Child - is a nationally recognized recruitment program designed to find parents for African-American children who need permanent homes. One Church One Child provides pre and post adoptive services, adoptive home assessments, mentoring, recruitment, and adoption support groups in the Oklahoma, Tulsa, and Lawton areas.

Post-adoption services program – is adoption assistance that helps to secure and support safe and permanent adoptive families for children with special needs. Adoption assistance is designed to provide adoptive families of any economic stratum with needed social services, and medical and financial support to care for children considered difficult to place. Federal and state law provides for adoption assistance benefits including Medicaid coverage, a monthly adoption assistance payment, special services, and reimbursement of non-recurring adoption expenses. To date, more than 13,800 children receive services and assistance.

Service Coordination (45 CFR 1357.15(m))

There are multiple DHS programs that provide services for the same population as served by child welfare. Strategic planning occurs at all agency levels to promote safety, permanency, and well-being for Oklahoma children and families. The DHS strategic

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agency plan is to strengthen Oklahoma individuals, workforce, communities, and practices.

Title IV-A (TANF) funding is utilized to specifically support CWS programs within each component of the service continuum. Other programs delivered by DHS that support families served by CWS include: Adult and Family Services (AFS) that provides public assistance services, including Medicaid, SNAP, and TANF programs statewide with offices in every county. Services are coordinated through Adult and Family Services (AFS). AFS administers Health Related Medical Services (HRMS), such as SoonerCare, short-term (AFDC and ABD-related), Long-Term Care, such as Nursing Home, ADvantage, and Personal Care, Supplemental Security Income – Disabled Children's Program (SSI-DCP), Tax Equity and Fiscal Responsibility Act (TEFRA), as well as the State Supplemental Payment. Low Income Home Energy Assistance Program (LIHEAP) includes the Winter Heating program every December; the Energy Crisis Assistance Program (ECAP) every March; and the Summer Cooling program every July. Child Care Subsidy staff supports the administration of the Child Care Subsidy Program. This includes development of policy and guidelines for eligibility and training on policy and procedures. Staff also manages Child Care provider contracts and provides training materials to child care providers. AFS Operations staff oversees and takes a lead role in various special projects and programs that have included Community Collaborative projects and Tribal TANF liaisons.

Office of Community and Faith Engagement (OCFE) promotes and supports volunteerism in collaboration with the private, nonprofit, and government sectors as a means of helping DHS recipients with real-life situations. The OCFE assists in collecting materials from communities statewide and distributes them to citizens in need. The office organizes various events throughout the year aimed at supporting the state's most vulnerable citizens. The OCFE coordinates efforts around the State Charitable Campaign, Feed the Children, H.O.S.T.S. Literacy Program, Relay for Life, foster parent recruitment, prisoner re-entry, Newborns In Need, Back to School, Thanksgiving, Christmas, and disaster relief.

Child Support Services (CSS) acts as an economic advocate for the children of Oklahoma, ensuring parents financially support their children. CSS helps families become self-sufficient, and for those who are not receiving public assistance to remain self-sufficient.

Child Care Services (CCS) is responsible for ensuring children and parents have access to licensed, affordable, high-quality child care where children have the opportunity to develop to their fullest potential in a safe, healthy and nurturing environment.

ASF TANF Family Formation and Workforce contracts fund multiple community programs across the state to support education, employment, transportation, substance abuse services, housing, and services for at risk youth. The youth mentoring contracted services provide participants a strong foundation of life skills necessary for completing

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educational goals, with emphasis on making positive, healthy choices for their life and training in prevention of risky behavior such as the use of alcohol, tobacco and other drugs.

The Children's Justice Act funds are administered and monitored by DHS and coordinated through the Oklahoma Task Force on Child Abuse and Neglect and outlined in 2013-2015 three-year plan. Current grantees include Oklahoma Court Appointed Special Advocates, OK Lawyers for Children, Oklahoma Bureau of Narcotics and Dangerous Drugs, OUHSC Center on Child Abuse and Neglect, and the Oklahoma Child Abuse Training Council.

The coordination of services provided by state, public and private agencies as well as and other stakeholder involvement is described in previous sections of this report. (*Well-being Outcomes 1, 2 and 3 (1355.34 (b)(1)(iii)) and Quality Assurance System (45 CFR 1355.34(c) (3)(V) – 15 V. Feedback to Stakeholders and Decision –Makers and Adjustment to Programs and Process*)

Service Description (45 CFR 1357.15(o))

Bridge resource family assessments – are supported by Promoting Safe and Stable Families (PSSF) funds through contracts with licensed child-placing agencies and qualified individuals to complete foster, kinship, and adoptive family home assessments. These services are available through fixed-rate contracts with five vendors and One Church One Child. Selection of vendors is based on ability to provide quality assessments in a timely manner and willingness to travel (Time-limited Family Reunification/Adoption).

Diligent search – PSSF funds support the diligent search activities performed by Bridge staff. Internal and external search engines and records are utilized to identify and locate appropriate biological family to provide supports and potential placement resources for a child in DHS custody. The CLEAR® on-line search service is available to limited staff to enhance the search capability.

Shelter hotline – In conjunction with Multi-County Youth Services and the Office of Juvenile affairs (OJA), a Youth Services Shelter Hotline was established to assist CW staff in locating temporary shelter care pending placement in foster care, kinship care, therapeutic foster care, group home care, or other placements. Shelter Hotline staff contact shelters that are licensed to accept DHS custody children state-wide, 24-hours a day, seven days a week.

Systems of Care – SOC is described in service continuum, as well as Section 3._Plan for Improvement Goals (45 CFR 1357.15(h)).

Tribal projects - DHS set aside 10 percent of the state's PSSF allotment to fund Tribal PSSF projects of Oklahoma Tribes who are ineligible for federal PSSF funding.

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Supplemental funding is also provided for those Tribes who receive less than \$35,000 from federal funding. The current grant period begins July 01, 2013, and ends June 30, 2014. It was necessary to change this funding period to the state fiscal year. DHS has contracts with 18 Tribes for projects that include parenting education, direct client services, and other PSSF services. This project began in 1996, and is intended to continue for the next five years.

An assessment of the strengths and gaps in service, including mismatches between available services and family needs as identified through available data, including the Children and Family Services Review results and the consultation process are found in previous and subsequent sections of this report. (Service Array (45 CFR 1355.34(c)(5)) and Independent living service needs and gaps (*CFRIP section 477(b)(2) of the Act*))

The percentages of funds the state will expend on actual service delivery of family preservation, community-based family support, time-limited family reunification, adoption promotion and support services, and on planning and service coordination will be at equitably distributed with none receiving less than 20 percent. (detail provided in CFS-101 Part II)

Service Decision-Making process for Family Support Services (45 CFR 1357.15(r))

In preparation for CFSP planning, DHS defined the state's major components of its service continuum of service. Direct services are performed by a combination of both state agencies and community-based contract provider agencies. Contracts for federal, state, and agency funds are awarded by the Office of Management and Enterprise Services and are based on a fixed-rate or competitive bidding process in accordance with state law. Bids are generally awarded based on best value for the agency, proven records of providing quality services, and aligned with community needs. Each request for proposal specifies the communities and/or population targeted for services, emphasizes the use of and collaboration with community services whenever possible, and includes outcomes and/or deliverables specific to the community and/or population's identified needs.

Populations at Greatest Risk of Maltreatment (section 432(a)(10) of the Act)

The National Child Abuse & Neglect Data System (NCANDS), the Adoption & Foster Care Analysis and Reporting System (AFCARS), and the Chapin Hall Multi-State foster Care Data Archive are routinely utilized to identify populations at greatest risk of maltreatment in Oklahoma. In addition a review of removals conducted by the Child Welfare Policy and Practice Group for Casey Family Programs. The section below provides current data and trends related to children under 5 years of age who, by virtue of age, are identified specifically in policy and protocols to be considered "vulnerable." This age group accounts for 41 percent of the children who entered care in the FFY13. Additionally 83 percent of the cases in which abuse or neglect was substantiated occurred in the 12 years of age and under category. As reflected in both quantitative and qualitative data substance abuse and domestic violence have a high rate of

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occurrence in substantiated reports of child abuse and neglect. According to NCANDS data for SF13, 46 percent presented with substance abuse as a contributing factor and 26 percent with domestic violence. Services identified in section 3. Plan for Improvement Goals (45 CFR 1357.15(h)) specifically target these populations and risk factors.

Oklahoma legislation, House Bill (HB) 2251, passed in 2012, established a legal definition of a drug-endangered child (DEC) and mandated that DHS assign all reports with allegations of a DEC as an investigation and enhanced the joint response protocols between law enforcement and CW. Led by the Oklahoma Department of Narcotics and Dangerous Drugs (OBNDD) the Drug Endangered Child Alliance was established with CW leadership as a key participant, along with multiple community stakeholders, to support education, training, and collaborative response to addressing issue of substance abuse in Oklahoma's communities. The tenth annual National Alliance for Drug Endangered Children was held in Oklahoma City in November, 2013.

In March 2013, new procedures were established between DHS, the Oklahoma University Medical Center, and the Oklahoma Department of Corrections to ensure that babies born to mothers in prison are referred to CW to ensure a safe placement plan is established prior to the newborn leaving the hospital. DHS policy and procedures were adapted and a voluntary program was established to assist pregnant mothers in identifying appropriate individuals to provide care for the child when the mother continues to be incarcerated after the birth.

Effective November 1, 2013, HB 1067 amended state law regarding the treatment of victims of human trafficking. The law now reads, in addition to other rights of human trafficking victims, any peace officer who comes in contact with a human trafficking victim shall inform the victim of the human trafficking emergency hotline number and give notice to the victim of certain rights. If the victim is a minor under the 18 years of age, the law enforcement officer must also notify DHS, and the minor is placed in DHS custody for up to 72 hours during a joint investigation by DHS and law enforcement, and pending a show-cause hearing. Collaboration with the Oklahoma State Bureau of Investigation (OSBI), Federal Bureau of Investigation (FBI) and OBNDD as well as community task forces in Oklahoma City was established to enhance the response to this vulnerable population. DHS posted a request for proposal (RFP) to establish a contract for a placement resource and specialized services.

Several House Bills passed during the 2014 session, will strengthen DHS, law enforcement, and community efforts to address domestic violence and the response to protect children who are non-verbal or have impairment due developmental disabilities. Laws were expanded to enhance the ability of district attorneys to file termination of parental rights (TPR) and for the court to make findings to expedite TPR when appropriate to ensure safety and permanency.

Over the next five years the further development of policy, practice, collaboration, and response affected by these laws will be highlighted as DHS and other state agencies,

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state and local governments, community partners, and the citizens of Oklahoma work together to protect the population of children at highest risk of maltreatment.

Services for Children Under the Age of Five (section 422(b) (18) of the Act)

The percentage of children who came into care for the first time in Oklahoma who were under 5 years of age in calendar year 2013 comprised 62.2 percent of the total children who came into care for the first time. This is a significant portion of Oklahoma's service population and underscores the importance of focusing on service strategies for these children.

Figure 1 (Data only available up to 6/30/2013)

Year	Number 1st Placements	Number 1st Placements for Children under 5 Years of Age	Percentage of all 1st Placements where Children were Under 5 Years of Age	Percentage of Children That Came into Care Under Age 5 that are Still in Care After one Year	Percentage of Children That Came into Care Under 5 years of age that are Still in Care After two Years
CY 2009	3347	2139	63.90%	52.20%	26.60%
CY 2010	3522	2273	64.50%	59.10%	36.30%
CY 2011	3945	2474	62.70%	31.60%	45.60%
CY 2012	4611	2919	63.30%	27.40%	N/A
CY 2013	2463	1532	62.20%	N/A	N/A
Data Source: Chapin Hall Multi-State foster Care Data Archive					

DHS has multiple methods of identifying and tracking children under 5 years of age and the service needs of this population. DHS uses the AFCARS data files, state Web Focus reports, as well as the Chapin Hall Multi-State Foster Care Data Archive reports. These different reports provide multiple data viewpoints, such as point in time, entry and exit cohorts, as well as a longitudinal view. The following charts demonstrate a portion of DHS reporting capacity.

Figure 2

Year	Children In Care Last Day of FFY	Children Under 5 years of age in Care Last Day of FFY	Percentage
FFY 2009	8,780	3512	40.0%
FFY 2010	7,848	3147	40.1%

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FFY 2011	8,262	3369	40.8%
FFY 2012	9,212	3772	40.9%
FFY 2013	10,700	4411	41.2%
Data Source: AFCARS Data Files			

The percentage of children under 5 years of age in foster care relative to the total number of children in out-of-home care at the end of the federal fiscal year (Figure 2) remained relatively steady over the past four federal fiscal years. This steady average occurred despite the fact the number of children in care vacillated over the same period. However, as seen in Figure 2, the numbers of children under 5 years of age increased over the last five years. Although it is not possible to project exact numbers, if this trend continues at the same rate, there could be approximately 4500 children, under 5 years of age, in care at the end of FFY 2014. DHS is working on numerous projects at this time to address this issue, including applying for a Title IV-E CW Waiver Demonstration Project.

The Oklahoma Early Infant Mental Health (IECMH) in partnership with the Oklahoma Association for Infant Mental Health (OK-AIMH) held an IECMH Summit on March 6, 2014. In conjunction with the summit, Brenda Jones-Harden, Ph.D., presented *Infant Mental Health in the Child Welfare System* for the DHS Practice and Policy Lecture Series. She also participated as part of a panel with the DHS CW Director, an adoptive father, Judge Fransein and Stacey Leakey, Ph.D., IMH-E® (IV)-C who addressed successes and challenges related to infants and young children in the CW system.

A follow up to the IECMH Summit and discussions specific to CW included *Meeting the Needs of Infants and Toddlers in the Child Welfare System Cross-Collaboration Roundtable* on May 28, 2014, facilitated by Cindy Oser and Lucy Hudson with ZERO TO THREE.

The Fostering Hope Clinic through OU Tulsa is working to imbed IECMH consultation into the clinic specifically for families with children ages 0-3. Multidisciplinary case staffing is more reflective in nature and those participating have identified the changes as very positive.

Systems of Care (SOC) will hire the Infant and Early Childhood Services Manager to support integration of IECMH training and support. ODMHSAS and DHS are currently exploring the possibility of dedicating time of an infant mental health professional with expertise to child welfare state office to provide ongoing consultation/support related to the needs of infants and young children.

Smart Start Oklahoma was awarded an ACF grant to support linking children ages 0-5 at risk of entering foster care and those in the child welfare system to quality early care and education programs. Smart Start is contracting with the OK-AIMH to provide the

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Nurturing First Relationships training which addresses the impact of stress and trauma on the developing brain, the significance of and healing through nurturing early relationships, self-care and identification of early childhood resources. The training is being provided in 5 counties (Comanche, Garfield, Kay, Muskogee and Oklahoma) with high infant mortality rates and is targeted toward child welfare, mental health, early care and education, home visitation, early intervention and Bridge Resource Families.

Through collaboration between the Parent Child Center of Tulsa and the Schusterman Family Foundation an Infant Mental Health Community Consultant (IMHCC) position was created for Tulsa. The IMHCC is interfacing with higher education, child welfare, court, child care, mental health to promote best practices for supporting the unique developmental, mental health and relationship needs of children 0-3 through relationship-focused services and supports. The IMH CC has provided training to child welfare, CASA and has just begun training for juvenile court personnel.

Figure 3

Race of Children Under 5 years of age in Care on the Last day of the Federal Fiscal Year							
Year	Asian	Black	Indian	Multi-Racial	Pac Island	Unknown	White
FFY 2009	0.00%	17.40%	12.00%	23.40%	0.10%	0.00%	47.00%
FFY 2010	0.10%	15.20%	11.80%	25.60%	0.10%	0.00%	47.20%
FFY 2011	0.00%	12.90%	12.30%	26.10%	0.10%	0.10%	48.40%
FFY 2012	0.10%	11.40%	10.60%	28.30%	0.00%	0.10%	49.50%
FFY2013	0.01%	10.30%	11.30%	30.00%	0.07%	0.02%	48.30%
Data Source: AFCARS Data Files							

The racial make-up of the children under 5 years of age in out-of-home care on the last day of the federal fiscal year remained relatively steady with three exceptions. The number of African American children decreased while the number of white children shows a decrease in FFY 2013, that number was on the rise since FFY 2009. The percentage of multi-racial children continues to increase (figure 3).

Figure 4

Disability Indicated for Children Under 5 years of age in Care on the Last day of the Federal Fiscal Year			
Year	Total Children Under 5 Years of Age	Disability Indicated	Percentage

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FFY 2009	3512	390	11.10%
FFY 2010	3147	311	9.90%
FFY 2011	3369	329	9.80%
FFY 2012	3772	406	10.80%
FFY 2013	4411	544	12.30%
Data Source: AFCARS Data Files			

The percentage of children under 5 years of age on the last day of the federal fiscal year with an indicated disability has shown a marked increase to 12.30 percent of the population for FFY13 (figure 4).

SoonerStart/Early Intervention services are provided by the Oklahoma State Department of Health (OSDH) and are available statewide. This early intervention program is designed to meet the needs of infants and toddlers with disabilities and developmental delays. All children in Oklahoma, under 36 months of age, are eligible for the services. DHS policy requires that all children meeting the age criteria, who enter DHS custody, be referred for a SoonerStart assessment and are to receive on-going service when developmental delays or mental conditions such as downs syndrome or cerebral palsy are identified.

SoonerStart services may include:

- Diagnostic and evaluation services
- Case management
- Family training, counseling, and home visits
- Certain health services
- Nursing services
- Nutrition services
- Occupational, physical and speech-language therapy
- Special instruction

Services are offered at no charge to families and provided in a natural environment such as the home, foster home, or child care facility. This program is mandated by federal and state law and funded through various federal and state sources.

Services for Children Adopted from Other Countries (section 422(b)(11) of the Act)

Collaboration to support families who have adopted children from other countries was formed with the Oklahoma State Department of Health and a variety of other adoption related programs and adoptive families. DHS established a fixed-rate reimbursement for post-adoptive services to allow contracting with qualified agencies and individuals

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across the state. Services include information and referral, educational advocacy, a parent support network, crises intervention, and case management. Pursuant to the Fostering Connections to Success and Increasing Adoptions Act of 2008, children who have special needs, but who are not citizens or residents of the United States, and were either adopted in another country or brought to the United States for the purposes of adoption are categorically ineligible for adoption assistance, except if the child meets the eligibility criteria after the disruption of the international adoption. DHS does offer information and referral services to help connect adoptive parents, no matter the type of adoption.

Inter-country Adoptions Update 2013

The State of Oklahoma reports two children entered DHS custody as the result of a displacement or dissolution of an adoption from another country.

Country of Origin	# of Children	Reason
Russia - State of Georgia	1	Child removed due to abandonment. Is in dual custody with OJA. Will not be returning to adoptive mom as she is too ill to care for this child.
Guatemala	1	Child removed due to abandonment. Current goal is to reunify child in adoptive home.

5. Consultation and Coordination between States and Tribes

The primary method of consultation and coordination between tribes and states continues through the Tribal/State Collaboration Workgroup (TSCW). The workgroup began in 2008 and met every quarter. The workgroup is co-chaired by the DHS Child Welfare Services (CWS) Tribal Program Manager and the Indian Child Welfare (ICW) Director of the Seminole Nation. All tribal Indian child welfare representatives and key DHS field and program staff are invited to attend the quarterly meetings. Objectives were identified through collaborative assessment and planning efforts. The workgroup is developing a strategic work plan to enhance ICWA compliance through staff development, support, ICWA case reviews, and regional ICWA committees for better outcomes for Native American children. Key focus areas identified to enhance ICWA compliance: 1) assessment of ICWA compliance 2) identification and ongoing notification of an Indian child; 3) enhance local partnerships between CWS and tribes; and 4) Placement planning and keeping children connected to their culture.

The Tribal State Collaboration Workgroup is being reformed to limit participants to leadership and upper level management. Future invitees will be Indian Child Welfare

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leadership; CWS program administrators, program supervisors, field managers, subcommittee chairs, and co-chairs of the regional sub workgroup. TSCW will provide a forum to discuss key issues in policy, practice, and legal issues in respect to ICWA compliance.

1. Assessment of ICWA Compliance encompasses two areas:

a. Snapshot ICWA Case Review

The Workgroup developed a subcommittee or ICWA case review team in Area IV in 2012 and has been an ongoing pilot. The Snapshot ICWA Case Review Pilot reviewed 22 counties and approximately 556 children in which ICWA applies. The review included a case file, court documents, and KIDS SACWIS review of data entered. The review team included representatives from CWS and tribes. The case review and tool compiled information from the referral, investigation, court process, and placement efforts. The team's overall focus included three main areas of compliance: 1) CWS notification to the tribe; 2) legal notice and response from the tribe; and 3) meeting placement preferences with extended family. The project is near completion. Data is being compiled and preliminary data indicates early notification to the tribe as somewhat positive at 87.2%. Legal notification was found in 66% of the cases. Placement preferences with extended family indicated 45.6% were not placed with extended family, indicating a need for further review of placement processes in the counties with high prevalence. Cross tabulations identifying county and tribe will be in the final report. The tribe's right to intervene in cases is being analyzed in the pilot through tribal response and engagement into the process. The data will be analyzed and a full report is forthcoming with projected date of January 2015. Two major barriers in the process included the Child Welfare reorganization of personnel and restructuring of county Areas to Regions. Initial participants in the review either retired or changed jobs. The original Area 4 of 15 counties increased to 22 counties as Region 4). The CFSP outlines four key areas in placement preferences, active efforts, notification of tribes, and tribe's right to intervene. The Snapshot had preliminarily reviewed all of these areas, however, a more focused approach will be required in the revision of the tool. The team has scheduled two additional meetings to evaluate the tool and review process for future implementation.

b. Education and Training:

The Workgroup meetings share training opportunities for both CWS and ICWA staff to participate. ICWA staff have participated in CORE Academy and Level trainings. Information on other workgroup and/or committee projects are offered to tribes to attend. Workgroup Co-chairs participated in two training projects. An on the job training regarding Historical Trauma and ICW was developed for new hires to complete on line. The 45 minute video explains the history of tribes in Oklahoma and trauma experienced through the generations as a premise to the Indian Child Welfare Act. The CORE Academy curriculum was revamped to include additional emphasis on ICWA.

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Additionally, Legal Training is provided in each Region once per year and ICWA for New Supervisors.

The Workgroup has identified the need to have formal subcommittee. When the Snapshot ICWA Case Review data report is complete recommendations will be forthcoming on training per county in Region 4. Additional reviews per Region will be completed to identify other specific county needs. The Training Subcommittee is expected to review and provide recommendations for all other trainings provided to CWS staff which addresses ICWA.

2) Identification and ongoing notification of an Indian Child

The Workgroup will review ICWA compliance through the Snapshot ICWA Case review process and CWS Region/County Staff development. Preliminary data collection during the Snapshot pilot indicates a need for staff development in following policy and data entry when identifying a child as Indian. An ICWA specialist will be identified for each District and receive additional ICWA training along with other duties assigned. The ICWA specialist will have ongoing guidance from the CWS Tribal Coordinator. The CWS Tribal Coordinator will conduct quarterly meetings with the Region ICWA specialists to discuss specific county needs. ICWA staff in these Regions will be invited to these meetings. Policy, practice and protocol related to ICWA will be reviewed. Recommendations will be provided to the Workgroup and Region Leadership.

3) Enhance local partnerships between CWS and tribes

In 2012, the Tribal State Collaboration Workgroup began the process of addressing enhanced collaboration in the field. Key barriers were identified from both the CWS and ICW staff in communication and collaboration. From these strategic planning meetings, a Regional Indian Child Welfare Act Workgroup (RICWAW) is in the process of being formed. The primary mission of RICWAW is to develop positive partnerships between CWS and ICWA front line staff to enhance ICWA compliance. The key strategies will include case consultations, identification of shared resources, promotion of ICWA awareness, and keeping Native American children connected to their culture. The Regional Workgroups will be co-chaired by the CWS Tribal Coordinators and an ICWA tribal representative. Each DHS Region will identify committee members as approved by regional and district directors and tribal members. Operational guidelines will be developed.

Key strategies have been mandated by the Tribal State Collaboration Workgroup, the Snapshot ICWA Case Review pilot will be continued through the Regional Workgroups. Additional recommendations include key staffing of non ICWA compliant placements and active efforts determinations. Data collection and measureable outcomes regarding CWS ICWA compliance will be shared with DHS leadership in District and Region meetings. Ongoing training and support will be provided to each local office. Local tribes will be invited to assist in the training. Completing the Circle Foster Care

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Awareness event is expected to be a Regional ICWA Workgroup initiative beginning in 2015.

Additional strategies to meet ICWA compliance in placement preferences, active efforts, notification to tribes and ensuring tribes have the opportunity to intervene is an ongoing process. Strategies include developing tools for CWS staff such as a web page or smart phone app listing each tribe's placement preferences, external collaborations with community partners and judicial partners in meeting active efforts and tribal foster care recruitment and retention. Continuing to have ongoing evaluation of our KIDS data entry processes and identifying areas to improve validity of data to accurately measure ICWA compliance. Ongoing data clean-up to accurately reflect children who fall within ICWA mandates.

Refer to section 2 under "Quality Assurance System" for additional information about case reviews. Tribal children are included in the Children and Family Service Review (CFSR) population sample. Additional work is being done and consideration given on how to accurately represent the tribal population in CFSR sampling. DHS will continue to work with ACF Regional Office to ensure the requirement is adequately met, specifically in round three of the Federal CFSR.

DHS policy subchapter 19: Working with Indian Children and the Tribal State Agreement outline DHS responsibility to provide child welfare services for the protection of tribal children. Annually, DHS Legal Division and/or DHS Tribal Programs will offer a meeting to the tribes and discuss any revisions or updates to the agreements. Once a consensus is reached, an agreement will be signed by all parties and addendums added as needed. The protection of Indian children in Indian country is a part of the Attorney General office in consultation with the tribes and Bureau of Indian Affairs Memorandum of Understanding (MOU). The MOU provides direction in child abuse and neglect investigations and notification to the tribe. DHS policy references the MOU as a guide.

The CFSP/PSR is shared with tribes annually. Copies will be distributed to the tribes via email and in person. In the respective meetings of the Tribal State Collaboration Workgroup and Oklahoma Indian Child Welfare Association, a presentation will discuss the plan and progress achieved. Barriers will be identified for discussion and plans for improvement and celebrations will be held for successes. Tribes provided copies of their 2015-2019, CFSP through the Children's Bureau Regional office. DHS attends the annual Title IV B meeting for all tribes as scheduled by the Children's Bureau Regional office.

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6. Chafee Foster Care Independence Program (CFCIP)

Agency Administering the Chafee Foster Care Independence Program and Education and Training Vouchers Program

The Oklahoma Department of Human Services (DHS) is responsible for both administering the State's Independent Living Program (IL) as described in the Chafee Foster Care Independence Program (CFCIP), the Education and Training Voucher Program (ETV), and in Section 477 of the Social Security Act to youth in the custody and care of DHS and tribal youth in the care and custody of federally recognized tribes. The authority for DHS to administer children and family services, such as IL is based on the Oklahoma Social Security Act (Section 176) of Title 56, to provide "for the protection and care of homeless, dependent and neglected children, and children in danger of becoming delinquent" and Title 10A§1-7-103, Additional Duties and Powers of Department. DHS is appropriated state funds based on annual budget requests to the Oklahoma Legislature along with matching federal funds. The Governor of the State of Oklahoma serves as oversight. DHS is committed to positive outcomes for our youth and DHS cooperates in the National Youth in Transition Database (NYTD) evaluations of the effectiveness of the program in achieving CFCIP purposes.

The planning, managing, supervision, and implementation of the Oklahoma Independent Living Program are assigned to two full-time program staff. In addition, there is one program staff assigned to focus on the areas of permanence for older youth and one staff assigned to clerical and administrative responsibilities. Two youth formerly in foster care work half-time in the areas of the tutoring initiative and academic support, youth advocacy, and program development. An additional half-time employee is assigned to all NYTD related activities.

DHS contracts with two agencies to provide direct CFCIP supports and services. The IL community contractor is responsible for a large portion of the activities to meet the CFCIP purposes. DHS IL program staff supervise this contract through monthly face-to-face contract meetings, reviewing the contractor's quarterly reports, and reviewing the evaluations completed for every seminar, event, and training provided by the contractor. The Fiscal Agent contract is also supervised by DHS IL program staff by reviewing the monthly documents that are submitted in support of the Invoice for Payment and through satisfaction reports from youth recipients and vendors.

Information, data gathering, reviews, and strategic planning in preparation for this plan

This plan was prepared by reviewing the 2010-2014 Children and Family Services Plan (CFSP), Annual Progress Service Reviews, reviewing data obtained from KIDS, the Statewide Child Welfare Information System (SACWIS), the 2011-2013 NYTD reports, the monthly and quarterly reports provided by the two IL program contracts, and the surveys completed in 2012 and 2013 by DHS and tribal child welfare staff and youth, 16 through 21 years of age. Additional information was obtained by reviewing the exit

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interviews prepared by youth in custody; reading testimony of the 2013 Senate interim study on youth transitioning from state custody; input obtained during the strategic planning meetings in 2013, with the DHS IL County Coordinators; reviewing the 2013 Oklahoma County Transition Providers Networking Forum Comprehensive Report; reviewing meeting notes from the Tulsa Community Transformation Team; input obtained during the Tribal-State workgroup; information obtained from the evaluations completed at all IL events, seminars, conferences, and training; and reports from the youth advisory board focus group.

Description of Program Design and Delivery, Youth Involvement and NYTD Data Collection and Dissemination

The previous section of this document discussed the activities to prepare for this CFCIP. During this preparation period, DHS was awarded a Department of Health and Human Services planning grant to develop a model intervention for youth and young adults with child welfare involvement who are at risk of homelessness (HHS-2013-ACF-ACYF-CA-0636). This planning project called "The Road to Independence (RTI) Network" is supervised by the DHS Office of Planning, Research and Statistics. The RTI provides the staff to review, collect, and analyze data, create reports, convene focus groups, engage multiple state agencies and community partners, and research evidence-based and best practices around transitioning youth. This grant allows an in-depth review of the Oklahoma IL program and makes possible the use of experts in the areas of housing, youth in transition, and dual status youth. RTI is a two-year planning grant. The Oklahoma IL program made the decision year one of the CFSP 2015-2019 the youth eligibility criteria, the IL process, the resources and services, and related contracts will remain the same. The new and well-researched CFSP will be introduced in the 2015 Annual Progress and Service Review.

First year of the Oklahoma CFCIP Design and Delivery

Program needs and gaps in services were discussed in the CFSP Final Report for 2010-2014, and groundwork to address these gaps and services will be addressed in year one of this plan. These activities will be discussed after the description of the current program design and delivery. For 2015, outcomes and three broad goals remain the same as the CFSP 2010-2014. The outcomes for year one are:

- youth who enter a guardianship or adoption after 16 years of age will receive IL services that support the youth's life skills development, education, and employment attainment;
- youth who are likely to remain in foster care until 18 years of age will receive the services needed to achieve the maximum self-sufficiency level;
- youth will graduate high school or obtain a General Educational Development (GED); and
- youth likely to remain in foster care until 18 years of age will have essential documents and a transition plan that addresses the youth's options and needs around housing, health (including insurance), education, employment, life skills, and permanent connections.

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Three broad goals established that support achievement of these outcomes are percent of youth in custody:

1. 17 and 18 years of age that have an assessment target of 80 percent
2. who receive an IL service target of 80 percent; and
3. 19 years of age graduated or with a GED target of 69 percent.

Youth likely eligible for the Oklahoma IL program are youth:

- 16 and 17 years of age who are in DHS or tribal legal custody and in out-of-home placement;
- 18, 19, and 20 years of age who are receiving voluntary extended services or who were in DHS or tribal custody and in out-of-home placement on the youth's 18th birthday;
- who entered a guardianship or adoption after 16 years of age and who have not reached 21 years of age*; and,
- 21 and 22 years of age who, on the youth's 21st birthday, were participating in ETV.

* Only youth who exit custody from an out-of-home placement on or after their 18th birthday are eligible for housing funds.

Total number of youth estimated likely to be eligible for the IL CFCIP/ETV program beginning in FY2015, is 2,262.

Oklahoma's Chafee Foster Care Independence and Education and Training Vouchers Programs are a part of the continuum in the full service array provided by Child Welfare Services to meet the outcomes of safety, permanency, and well-being.

The OK IL Program utilizes six part time Education Specialists to administer the DHS ETV Program. The six Education Specialists are supervised by one of the State program staff. The Education Specialists assist eligible youth in their transition from custody through a post-secondary setting. The Education Specialists work with the students to develop educational/transitional plans once the students gain admission to a post-secondary institution. The Education Specialists meet with the students and representatives of the Financial Aid and Bursar's Office to determine the total cost of attendance, create a budget, and identify the items that will be paid by the ETV voucher. The Education Specialists process all requests for ETV vouchers. An EXCEL document is maintained with State Program Staff that tracks not only the name each student who received an ETV voucher but also the amount of the voucher and what categories of the total cost of attendance each voucher covered. This ensures that there is no duplication of ETV Awards.

The focus is on youth 16 to 23 years of age as they prepare for, and begin transitioning into adulthood. The program provides the same resources and services to current and former DHS and tribal custody youth. All services are available on a statewide basis unless otherwise noted. Youth who are temporarily residing outside of Oklahoma also continue to access services from Oklahoma by calling the youth's child welfare

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specialist or the Yes I Can! network toll-free number or by requesting services on the OKIL website, www.okil.ou.edu. Youth are identified beginning at 16 years of age for a comprehensive case assessment to determine eligibility for the program and to identify those youth who will need additional supports and services to achieve self-sufficiency. Eligible youth complete a self-report assessment related to the 7 Key Elements of Success (Health, Housing, Education, Employment, Life Skills, Permanent Connections, and Essential Documents) and participate in the development and completion of the youth's individual IL plan. Each youth's identified needs are supported with child welfare, independent living, and community resources and services. A court review every six months for youth 16 to 18 years of age monitors the progress and appropriateness of the plan and determines that IL services are being provided. Transition planning is encouraged for each youth beginning at 17 years of age and particularly for those youth identified as needing additional supports. A mandatory Family Team Meeting is held with youth and supportive adults 120 calendar days prior to the youth's 18th birthday to discuss and initiate the 90-day transition plan. Youth are strongly encouraged to be present at all court reviews and transition meetings. When a youth is unable to be present, the youth is encouraged to provide written input for the proceedings. To strengthen the transition process, IL skills and services are part of the contractual requirement for every placement provider serving youth 16 to 21 years of age. Youth 18 to 21 years of age who have exited care may call the Yes I Can! network to request services and resources that complement the youth's plan and own efforts towards self-sufficiency. A case manager to assist the youth with the plan may be assigned. Youth 18 to 21 years of age who are involved in post-secondary endeavors that meet the definition of an institution of higher education may receive education and training vouchers until 23 years of age, when making satisfactory academic progress. These youth are assigned an Education specialist who assists the youth in developing an education plan, meeting with college personnel to determine the youth's total cost of attendance, calculating the youth's unmet need, requesting ETV funds, and ensuring all requirements of the ETV program under the CFCIP are met.

Youth exiting after 16 years of age for guardianship or adoption are eligible for the same resources and services available to other youth in custody except for housing youth development funds after 18 years of age, the Medicaid 18 to 26 option, and tuition waivers, unless the youth was in out-of-home care nine months after becoming 16 years of age. The OKIL program provides a brochure outlining the IL and ETV services available to the youth, location of the IL informational website that the youth and adults may access, a Yes I Can! card containing the toll free number that the youth and adults may call to access services and resources, and a magnet that contains reminders of deadlines for applications for Education and Training Vouchers. Access to IL services are available once DHS or tribal staff initiates the IL process by completing a case assessment and IL service designation, assessing the youth's life skills needs around the 7 key elements of success, and developing an IL plan with the youth to meet the identified needs.

The greatest strength of the Chafee IL program service array is that the resources and services are available statewide, are easily accessible, and offer flexibility and creativity

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in supporting the youth's IL plan. The provision of the service array is managed through two major contracts, a Fiscal Agent contract, and an IL community contract.

The Fiscal Agent contract managed by Eastern Oklahoma Youth Services for the past five years issues checks for youth development funds, incentive payments, youth advocacy opportunities, and Education and Training Vouchers. This contract provides an efficient method for getting the supports to the youth in a timely manner no matter the type of need, designated recipient, or vendor.

The IL community contractor has been the National Resource Center for Youth Services (NRCYS) for the five years of the current CFSP. NRCYS is the single point of contact for all DHS and tribal workers, care providers, and youth to access technical assistance, any resource, service, or aftercare support. A brief list of services provided by NRCYS includes:

- Providing welcome resources as youth reach 16 years of age.
- Providing IL specialists who assist DHS and tribal child welfare staff.
- Providing technical assistance and consultation to professionals serving the youth in the IL program. Technical assistance may be provided by phone, email, written materials, or face-to-face.
- Facilitating seminars, events, and teen conferences so youth have opportunities to learn about and practice the 7 Key Elements for Success.
- Staffing the Yes I Can! network.
- Maintaining the OKIL website, which is a user-friendly resource for youth and adults that provides information regarding the IL program process, the 7 Key Elements for Success, upcoming events, and training, and relevant information for youth.
- Processing and documenting requests for youth development funds.
- Assisting in administering NYTD surveys, gathering data, and documenting services.

Brief descriptions of the various services, resources, and supports accessed through the two IL contracts or IL program staff are:

Youth welcome resources include luggage, "A Future Near Me" or "A Path Before Me" life skills book, and a "Through My Eyes" journal.

Seminars, events, and annual teen conferences so youth have opportunities to learn about and practice the 7 Key Elements of Success.

Youth Development Funds to support youth in care and youth in transition.

- Preparation funds for youth 16 to 18 years of age include education, work, and permanent connections related, and miscellaneous categories.
- Supportive funds for youth 18 to 21 years of age in transition include education, work, and transportation related, furniture and appliances, counseling and mentoring, medical expense, and miscellaneous categories.

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- Housing funds for youth 18 to 21 years of age who exited care at 18 years of age or older, who are transitioning. These funds include rent and utility deposits and payments and room and board payments.
- One-time only funds for youth 16 to 21 years of age include costs of birth certificates, photo identification cards, driver education classes, driver license; dorm deposits; dorm or apartment needs; and graduation expenses.

Youth advocacy opportunities are coordinated by the IL community contractor and provide youth a chance to enhance the youth's strengths and character through interactions with community and state collaborative organizations.

Education Services include tutoring; eligibility determination for tuition waivers, administering education surveys, processing of ETV applications, regional education seminars, and tours of college and career technology center campuses.

Incentive Payments are issued as a youth exits care and are based on youth accomplishments and life skills development, education attainment, future planning, and outcomes surveys.

Credit Reports are to be obtained annually for each youth in custody and out-of-home placement when the youth turns 16 years of age. When there is a consumer credit report, a copy is provided to the youth and the IL program assists with resolving inconsistencies in the report.

Aftercare services are provided through the Yes I Can! network. The Yes I Can! network assists young adults 18 to 21 years of age who are no longer in DHS or tribal custody. Supports include financial assistance through youth development funds, resource referrals, and case management provision.

Service Needs and Gaps:

During the final report for CFSP 2010-2014, current IL services were identified that needed revision. Beginning in July 2014, the IL program will work with DHS IL county coordinators and tribal child welfare staff and youth advocates to:

- select new items for the youth "welcome" resources including exploring the possibility of providing electronic tablets; and
- revise exit and incentive processes to align with the IL activities and incentives per the 7 Key Elements of success and to re-evaluate incentive payment amounts.

Also during the final report, additional needs and gaps in services were identified. The additional need was to improve services that would support better outcomes in the areas of education, employment, financial literacy, and housing stability. The NYTD 2011-2013 Data Snapshot Services report indicated that very few services were provided in these specific areas. The RTI grant is likely researching evidence-informed and evidence-based interventions and strategies to impact these areas. However, for

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the first year of the new CFSP, the IL program will initiate the following activities to increase services in the identified areas:

Education.

- Improve the credit recovery and credit transfer process;
- Expand the tutoring program;
- Increase career assessments and career mentors; and
- Explore the use of career academies.

Employment.

- Obtain guidance from other DHS divisions that provide training and employment readiness and build on their established community partnerships; and
- Enhance connections with the community youth workforce boards to assist with career exploration, job skills attainment, and work experience.

Stable Housing.

- Identify regions or districts in the state where youth are transitioning that do not have supported housing options to access; and
- Explore supporting and enhancing current transitional living housing options.

Financial Literacy.

- Identify financial literacy resources available in the state, regions, districts, and counties and develop a resource list;
- Identify financial institutions that might partner with DHS and tribes to provide financial literacy activities and education;
- Pursue ways to increase youth's financial assists while the youth is in custody; and
- Explore ways to track youth who had placement moves to see if they are receiving the fourteen units of financial literacy provided through the State Department of Education.

Youth Involvement:

Youth involvement in service planning, design, and delivery is in an ongoing process. As youth are transitioning from custody, an exit interview is completed that provides suggestions for Child Welfare and IL program improvement. Youth have opportunities to complete surveys at youth events. Youth advocates have facilitated focus groups to discuss possible new services and resources. The two former youth, who are employed by the IL program, are assigned to research possibilities for program improvement as part of their job responsibilities. The current services listed under program design had input by youth. In addition to the activities for 2015, there are specific recommendations that the youth focus groups identified that they wanted to see in the five-year plan. The youth have specifically requested the IL program consider purchasing electronic tablets for each youth to use to store their essential documents and records; revising the categories and guidance around the youth development funds; and pursuing more

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efficient methods for obtaining their essential documents and photo identifications. The IL program will move forward with addressing these requests during 2015.

NYTD Sharing:

DHS did not issue a formal report regarding the NYTD Outcome and Services reports, but frequently shares the information with multiple state agencies, community partners, and youth. The RTI grant staff used the NYTD reports extensively in data analysis and in their presentations to all stakeholders. After year one of the CFSP 2015-2019, period the Oklahoma IL program outcome for youth will be the NYTD outcomes. During that four-year period, complete outcomes for NYTD baseline cohorts 1 and 2 will be available to provide a great longitudinal view of Oklahoma's efforts.

Serving Youth across the State and Serving Youth of Various Ages and States of Achieving Independence

Services to Youth across the State:

Strength of the current service array is the easy accessibility of services and resources. These can be requested through the Yes I Can! network toll-free number, email, or fax. Youth and providers may also request services or resources on the OKIL website, www.okil.ou.edu. The IL community contractor, NRCYS, is the point of contact for any request. The Fiscal Agent can mail youth development funds to any location. The IL events and seminars are provided in each of the five regions with the actual designated site being the county with the largest population of youth in custody. Both the fiscal agent and IL community contractor report can be monitored to ensure services are being accessed or distributed equitably. In addition the IL community contract reports the services accessed, events attended, and youth development funds accessed by youth in group home settings. If any report indicates a region, district or population of youth is being underserved the IL program staff and IL community contractor can initiate targeted technical assistance to support re-establishment of equitable access.

Services to Youth at Various Ages and Stages of Achieving Independence:

The CFCIP IL program in Oklahoma, per state statute, initiates services when youth reach 16 years of age. However, all IL related trainings include a discussion about the skills needed to prepare for a successful adulthood that begin at birth.

The Oklahoma IL program does not currently serve youth younger than 16 years of age. Discussion points in the final report for 2010-2014, highlight the concern that two years between 16 and 18 years of age may not allow sufficient time for the IL process of assessment, planning, and transitioning a youth who has not obtained permanency by 18 years of age. Changes in the eligibility for IL services would require a change to state statute.

Life skills events, seminars, and conferences; resources; educational supports; and "wraparound" youth development funds are the major CFCIP services. The events, seminars, and conferences are activities planned to reach an audience of 16 through 21 year olds. The one exception is the event that is a simulated city that allows youth to

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practice real life responsibilities. Youth who have developmental disabilities are offered an Independence City that is modified to match the youth's abilities.

Oklahoma serves youth ages 16 to 18 years of age by providing educational supports that may include tutoring, events related to college and career technology campus tours, and completion of Free Application for Federal Student Aid (FAFSA); utilization of youth development funds to assist with summer and night school; concurrent education; fees to apply for post- secondary, high school graduation expenses and technical assistance for completing applications for the Education and Training Vouchers. In addition to education supports, youth can access youth development funds to support their IL plans in the areas of work, permanent connections, or through a miscellaneous category that youth, care provider, and child welfare specialists agree will support the youth's transition.

Oklahoma serves youth ages 18 to 21 years of age who exited care at 18 years of age by providing the Yes I Can! network toll-free number as the single point of contact for the youth 18 to 21 years of age to request services. Young adults can receive telephone case management and face-to-face case management if requested. The youth development fund categories are expanded to support this population's additional needs. The additional categories include funds for housing and utility deposits, housing and utility payments, and furniture and apartment needs. Educational supportive services continue to be available to encourage young adults to complete their high school education, when not completed by the time the youth exits care. Educational and Training Vouchers are also available to support youth in post- secondary education.

Oklahoma youth who left foster care for guardianship or adoption after 16 years of age continue to be eligible for the services described for the 16 to 21 year olds with two exceptions; these youth and young adults are not eligible for assistance with Chafee housing or the Chafee Medicaid option. The process for accessing services is rather simple. At the time the adoption is finalized or the guardianship is court ordered, the families receive a letter from the IL program with instructions on how to access services, an IL brochure, a magnet with the Yes I Can! toll-free number, and application dates for Education and Training Vouchers. The guardians or adoptive parents contact the Yes I Can! network directly to request youth development funds until the youth reaches 18 years of age. At 18 years of age, the young adults can call and request services on their own. Upon request, the guardians and adoptive parents can receive email blasts regarding upcoming IL events and seminars or the guardians and adoptive parents can visit the OKIL website to look for the calendar of events.

Oklahoma utilizes the case assessment process and IL services designation as a tool to identify youth at age 16 who may need additional supports and services to make a successful transition. The 7 Key Elements of Success assessment has also been developed as a mechanism for opening dialogue between the child welfare specialist and the youth regarding the youth's current knowledge in each of the 7 key element areas. IL program staff and the staff working on the Road to Independence grant have recognized the need to identify additional assessment tools to identify risk factors as

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well as trauma in youth who are in custody. There is also agreement that these assessment tools need to be administered to youth earlier than 16 years of age.

Room and Board assistance for youth:

Oklahoma has defined room and board assistance as housing and utility deposits and payments; food, and room and board payments. Oklahoma has completed Attachment C certifying that no more than 30 percent of the CFCIP allotment has been spent for room and board for youth who left foster care after the 18 years of age, but have not yet attained 21 years of age. Oklahoma spent \$272,771 in room and board payments during the past 12 months. This amount is considerably lower than the 30 percent amount allowed by CFCIP. This under-utilization is puzzling to the IL program because the 2013 NYTD Outcomes Data Snapshot indicates that 30 percent of the 19 year olds in Oklahoma reported that they had been homeless at some time during the previous two years. In follow-up discussions with the 19 year olds who completed a NYTD survey, many of the youth clarified that they were couch homeless for a short period of time. The Education and Training Voucher Program has issued \$253,068 in room and board funds to support youth in post-secondary educational endeavors, which does increase the number of IL youth who had housing assistance and stability during the past year. During 2015, the state plans to increase room and board utilization by developing plans with youth calling Yes I Can! network. Yes I Can! will offer a six-month plan for housing supports that begin with 100 percent housing payments during the first month and a decreasing amount over each of the remaining five months. In addition, the RTI grant is exploring evidence-based transitional living programs that can support populations of youth who may have additional challenges to a successful transition from foster care.

Extended foster care for youth over the age of eighteen years:

Oklahoma is exploring the option, but has not yet made a decision regarding extending Title IV-E foster care for youth older than 18 years of age for all the purposes listed under the Fostering Connections Act. Since the late 1990s, Oklahoma has offered youth in DHS and Tribal custody the opportunity to remain in foster care after 18 years of age to receive voluntary services while the youth completes the requirements for high school education or GED or until 21 years of age, whichever comes first. In Federal Fiscal Year 2012, 40 percent of the youth who applied for assistance with the Education and Training Voucher program remained in extended foster care in order to complete their secondary education. For Federal Fiscal Year 2013, 43 of the youth who applied for assistance with Education and Training Vouchers remained in extended foster care prior to entering post-secondary education.

Collaboration with other Private and Public Agencies:

The Oklahoma CFCIP is involved with several public and private agencies in helping youth in DHS and tribal foster care achieve independence.

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OK Fostering Wishes is a faith-based organization that supports and celebrates the educational successes of youth in custody. This organization has an annual graduation party for the youth in DHS custody or a federally recognized tribe who have obtained their high school education or GED. The youth, foster parent or care provider, and the child welfare specialist attend a dinner and the graduates are provided gifts of electronic tablets and dorm room needs. Agencies and private organizations are available at the celebration to discuss aftercare supports and services available to the youth as they transition.

Stand in the Gap "Life Launch" is a faith-based organization that provides mentors to youth who are preparing to transition from foster care from the two metropolitan areas with the largest number of older foster youth, Oklahoma City and Tulsa, Oklahoma. These mentors continue to be available to the youth after foster care.

Healthy Teens OK! is an ongoing project of the Interagency Coordinating Council for the Prevention of Adolescent Pregnancy and Sexually Transmitted Diseases and coordinated by the Oklahoma Institute for Child Advocacy. Support for the project has been provided by the Merrick Foundation, the Women's Foundation of Oklahoma, and the Centers for Disease Control and Prevention (CDC). Oklahoma is one of nine state projects that are part of a national CDC-funded initiative to promote science-based approaches to teen pregnancy prevention. The Power Through Choice curriculum, developed for use with youth in foster care and group homes, was piloted in Oklahoma group homes prior to receiving the CDC grant. The grant allows expansion to other group homes in Oklahoma. The CDC grant was enhanced with an additional grant from the Annie E. Casey Foundation that provides funding for items for group home staff; retention incentives for youth participants, and training for more group home staff and the Youth Council leaders.

Next Steps is a collaboration developed by a group of community service providers to create housing options for youth over 18 years of age in the city of Lawton, Oklahoma and surrounding area. Lawton is the location of a DHS contracted group home for females as well as a large number of youth eligible for IL services. In 2012, the local Housing Authority Executive Board in Lawton approved using a five-bedroom unit for housing specifically for female, former foster youth. This house operates with an on-site overnight house manager, case manager, and mentor. In the past year additional housing was also made available for males over 18 years of age who exited foster care. The **Community Transformation Team** in Tulsa is a long established collaboration. This collaborative effort focuses on all youth related issues in the Tulsa Metropolitan area. The collaborative partners are Department of Mental Health and Substance Abuse Services (ODMHSAS), Tulsa Mental Health Association, Oklahoma Health Care Authority who has oversight of the Oklahoma Medicaid program, Oklahoma Department of Human Services, Office of Juvenile Affairs, Department of Health, and Youth Services of Tulsa. In the past five years this community team has encouraged the development of a Post Adjudicatory Review Board to focus on youth transition from foster care in the Tulsa Community; has supported activities to support a healthy transition for youth with mental health issues; and has supported transitional living

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programs through the local Youth Service agency and the Mental Health Association. This collaboration will continue to be active in the identification and development of services that will support youth transitioning from custody.

Lorraine Bacone Learning Work Community (L.B. LWC) continues to be an evolving collaborative between the college and community of Muskogee, Oklahoma. The program assists youth formerly in DHS or tribal custody interested in obtaining a college education from an institution of higher education in Oklahoma. This program allows the students to have residency throughout the year as they complete their college education. The L.B. LWC assists students in obtaining their associate or bachelor's degree while providing them assistance in obtaining financial support, housing, and opportunity for personal development. Youth enrolled in the program are assigned work-study experiences at the Murrow Indian School. The college is working with the ODMHSAS to provide Systems of Care transitional services for students who could benefit from this service. The intent of the program is to graduate students who are educationally and emotionally equipped to become leaders in their respective communities.

R is for 4 Thursday Project is a collaboration of higher education professionals, community members, and foster alumni college students working toward increased understanding and support of former foster youth who attend, or who have graduated from Oklahoma colleges or universities. This initiative was the result of a former foster student who was attending Northeastern State University (NSU) four-year college, who mentioned to a professor in the social work department the challenges of former foster youth attending college. This professor and a fellow professor at Oklahoma State University (OSU) recognized the need for some type of additional support for these students and launched the "R is 4 Thursday" project that began as a Facebook site (www.facebook.com/Risforthursday) dedicated to former foster youth at four-year higher education institutions. The Facebook page was launched in February, 2013. The initial focus of the project was providing a place for former foster youth to share their experiences, identify obstacles in navigating college life, and to provide assistance and resources to these youth throughout their journey. This project spread to additional Oklahoma campuses where staff is identified as contacts for any student formerly in DHS custody or a federally recognized tribe. One university campus identified a contact person and also identified campus-based scholarships to assist former foster youth. The R is for 4 Thursday project is now coordinating with the Oklahoma State Regents for Higher Education to host a one-day conference in July, 2014, to educate on the project and identify additional goals and activities. One identified goal is to ensure the college students are connected, via technology, with volunteers and services on state campuses and in Oklahoma's communities. In June, 2014, R is for Thursday is initiating an awareness campaign with the goal of "educating the public about the tremendous young people we have who do, indeed, have foster backgrounds and are on pathways to making the world a better place." This campaign will be a video project that highlights youth formerly in care attending post-secondary education and the campus staff who have stepped forward to be the support people for these youth.

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Norman Public Schools Collaborative is an exciting new collaborative between the Special Services Department of Norman Public Schools, Department of Rehabilitative Services, Oklahoma Department of Mental Health and Substance Abuse Services, Office of Juvenile Affairs, Oklahoma Commission on Children and Youth, and DHS. Norman, Oklahoma, which is just south of the Oklahoma City metropolitan area, is the location of 22 facilities that provide residential services to youth with mental health, behavioral, and developmental challenges. These facilities are serving almost 200 youth. There are 14 facility sites that are providing services to youth that are 15 years of age and over half of these youth have Individual Education Plans (IEPs). In addition, there are 138 youth that are 16 years of age or older and 60 of those 138 youth have IEPs. Only 10 of the 198 youth are from Norman and adjudicated through the local juvenile court. The remainder of the youth are placed in Norman facilities from other areas of the state and adjudicated through other judicial districts. This collaboration plans to pool financial resources of the agencies and the local school system to hire an additional vocational rehabilitative counselor to coordinate services to the youth on a Transition IEP. Activities of this counselor would be to participate in the IEP meetings, facilitate career assessments and exploration, connect the youth with post-secondary education opportunities, and coordinate with other vocational rehabilitative workers in the youth's home community as the youth transitions from care.

The Governor's Youth Council on Education and Economic Development focuses on issues and best practice around the educational and economic needs of the state's youth population 14 years of age to 24 years of age. Council members represent each state agency, local Youth Workforce board members, as well as members from Oklahoma industries and private citizens. Some of the past issues addressed by this council are improving high school graduation rates, career assessments, virtual online high schools, and career fairs.

Coordination with the Medicaid agency to implement provisions of the Patient Protection and Affordable Care Act:

The Oklahoma Health Care Authority (OHCA) is the state Medicaid agency. OHCA wrote the revised policy for the Chafee Medicaid option for young adults, 21 to 26 years of age, who aged out of care at 18 years of age. OHCA requested policy review by DHS including the IL program. OHCA designed the website where youth formerly in DHS custody and federally recognized tribes visit to make application for their Medicaid coverage. During the rollout in January 2014, it was discovered that there was an error in how former custody status was verified for the youth visiting the website. While this error is being resolved, OHCA has manually certified each youth for continuing Medicaid coverage. The website should be operational by the time this report is submitted. The CFCIP program staff is working with the OHCA Community Relations Coordinators on educational opportunities and materials regarding the MySoonerCare program and in assisting young adults in selecting primary care physicians.

Collaboration to reduce the risk of youth and young adults in the child welfare system becoming victims of human trafficking:

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Workshops on human trafficking were offered at the 2013, annual Child Welfare Supervisors' Conference to increase awareness of this threat to the safety of youth in custody. Presentations on this subject were also held during one of the Tribal/State workgroup subcommittees. During 2015-2019, IL program staff will begin to identify resource materials that can be utilized to educate foster parents, shelter and group home staff, and youth in custody on this subject. The IL staff will reach out to other states to determine what state or community strategies have been beneficial.

Determining Eligibility for Benefits and Services:

Eligibility determination is guided by the purposes of the CFCIP and state statute. Eligibility is defined in IL policy per the Oklahoma Administrative Code and the IL brochure. Benefits and services have the same guidelines for all eligible youth. All eligible youth access services through the youth's child welfare specialist, the OKIL website, or calling the toll-free Yes I Can! network. Youth residing out of state use the same methods for requesting services and IL services can be provided to youth anywhere in the country.

Cooperation in National Evaluations:

DHS is committed to working toward positive outcomes for youth. DHS will cooperate in the National Youth in Transition Database (NYTD) evaluations of the effectiveness of the program in achieving the purposes of CFCIP.

Education and Training Vouchers (ETV) program:

The ETV program makes available funding for post-secondary training and education for youth eligible for the CFCIP. In addition, youth who are participating in the ETV program on the youth's 21st birthday and making satisfactory progress toward completion of that program continue to be eligible for the ETV program until they reach 23 years of age.

The IL program makes every effort to coordinate with other appropriate education and training programs in the state, including programs available through the tribes. The IL program takes steps to prevent duplication of benefits under this and other federally supported programs.

The IL program hired six part-time education specialists to administer the ETV program. The education specialists are supervised by one of the IL program staff. The education specialists assist youth eligible for the program in their transition from custody through a post-secondary setting. The education specialists work with the students to develop educational and transitional plans once the students gain admission to a post-secondary institution. The education specialists meet with the students and representatives of the Financial Aid and Bursar's office to determine the total cost of attendance, create a budget, and identify the items that ETV will pay. The education specialists process all requests for the ETV funds for the students and educate the students regarding receipts to document use of the funds when there is not an invoice from the educational institution. The education specialists assist the students in developing a good working relationship with school personnel not only in Financial Aid,

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Bursar and Business office, but also in the bookstore, student relations and housing offices, and other offices connected to the campus. The education specialists assist in problem solving crisis situations that might affect the youth's attendance at school and will locate connections in the community to provide support to the students. The education specialist identifies living situations for breaks, holidays, and summers; assists with annual applications for FAFSA and other scholarships, and encourages career exploration. The Education Specialists process all requests for ETV vouchers. An EXCEL document is maintained with State Program Staff that tracks not only the name each student who received an ETV voucher but also the amount of the voucher and what categories of the total cost of attendance each voucher covered. This ensures that there is no duplication of ETV Awards.

The IL program tracks each ETV voucher awarded during an academic year. During the 2015-2019 CFSP, the IL program plans to work with the Oklahoma Regents for Higher Education, the R is 4 Thursday project, and educational institutions to identify a way to track academic progress and completion for youth who have received a voucher and for those who receive a state tuition waiver.

Consultation with Tribes:

The IL program will continue to coordinate with tribes through work on the Tribal/State workgroup and through technical assistance provided through the IL community contractor. The benefits and services under the IL program are available to youth in the custody of tribes on the same basis as youth in DHS custody. The IL brochure is the same for tribal and DHS custody youth. An application specific to youth in the custody of a federally recognized tribe and for the adults who work with those youth is available on the IL website. In addition tribes are notified by email of all IL related activities and events. Tribal youth are involved in each IL activity and have accessed all the IL services and resources provided through the CFCIP.

By October of each year, the IL program sends a letter to each tribe with an approved Title IV-E plan or a Title IV-E tribal/state agreement to advise the tribe of their option to receive a portion of the state's CFCIP and/or ETV allotment to provide services to their tribe's youth in custody or to youth formerly in custody. The IL program will negotiate in good faith with any tribe that requests to develop an agreement to administer, supervise, or oversee the CFCIP or ETV program. The IL program will continue to coordinate with each tribe throughout the 2014-2019 CFSP, and will include the tribes in discussions of the final plan next year.

CFCIP Program Improvement Efforts:

Members of the Oklahoma Youth Advocates advisory board indicated their determination to be involved in the ongoing CFSP assessments and planning. In addition, the IL program plans to build on the program's strong history of obtaining input from youth in custody and youth formerly in custody through surveys, focus groups, and exit interviews. Youth formerly in custody will continue to participate in the gathering and documentation of NYTD services. Youth formerly in custody who are employed with the IL program are encouraged to do research on IL program strategies and

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interventions that are evidenced based and would be beneficial for the Oklahoma IL program.

CFCIP Training:

Training regarding IL is coordinated through the DHS Training Unit and is contained in the attached training plan report section. A one-day "Overview of the IL Program" is jointly trained with IL and IL community contractor staff and is presented quarterly as part of the training. Training evaluations are routinely positive and frequently have the recommendation from the participants that the training should be two-day training.

The Oklahoma Chafee Independent Living Program requested technical assistance from the University of Oklahoma National Resource Center for Youth Development on how to develop a long term plan to integrate the concept of Positive Youth Development in Oklahoma. Incorporating positive youth development supports both the goals and objectives of the Chafee Plan and the DHS Child Welfare Standards. Positive Youth Development supports the Chafee purpose of promoting interactions with dedicated adults and the Oklahoma Chafee plan of developing a group of youth and adults working together to educate the community, empower youth for success, improve the child welfare system through problem solving, promote independent living through training and resources and bridge the gap between youth and adults. Positive Youth Development supports the practice standard of "nothing about us without us". The previous two years of positive youth development technical assistance was used to introduce the concept of positive youth development to potential youth leaders. Those leaders participated on teen panels for the CW1006 trainings for the past two years. In addition these youth were trained to serve in visible support roles during the annual Teen Conferences. The current technical assistance will be used to train a core group of youth and adults in the positive youth development curriculum. These trained youth and adults will be co-facilitators at the 2014 Oklahoma Teen Conference and serve as the example of the power of adults and youth working together. The youth that are trained will be used to serve as panelists for the DHS CW1006 trainings and as co-trainers for the CW 2016 trainings. In addition this core group will serve as the co-trainers at the following conferences scheduled during the first year of the new five year plan: Professionalizing Youth Workers Conference, the Oklahoma Indian Child Welfare Association Conference, the Department of Mental Health and Substance Abuse "Children's Behavioral Health Conference", and the Teen Conference. This core group of youth leaders will also reach out to foster parent contractors and other placement providers and well as community partners to provide training in positive youth development.

7. Monthly Caseworker Visit Formula Grants and Standards for Caseworker Visits

Monthly Caseworker Visits

DHS performance in relation to target percentages:

FFY	Target Percentage	Reported Percentage	Discussion
2013	90%	92%	Exceeds target

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2014	90%		
2015	90%		
2016	90%		
2017	90%		
2018	90%		
2019	90%		

Monthly Caseworker Visits Report Items

CWS reports on items 1 through 7 during the report period.

1. Aggregate number of children in the data reporting population.
2. Total number of monthly caseworker visits made to children in the reporting population.
3. Total number of complete calendar months children in the reporting population spent in care.
4. Total number of monthly visits made to children in the reporting population that occurred in the child's residence.
5. Percentage of visits made on a monthly basis by caseworkers to children in out of home care.
6. Percentage of visits that occurred in the residence of the child.
7. Percentage of visits to children in Tribal custody.

Strategies to Meet Target Data Percentages

The Oklahoma Pinnacle Plan, Pinnacle Point 6, contains strategies to address the quality and continuity of CW specialists' contact with children, including changes in the frequency of visits. Beginning July 1, 2013, the Pinnacle Plan required each child in out-of-home care to be visited at least two times in the placement during the child's first month and at least one time per month thereafter. Additionally by December 1, 2013, each child was required to be visited two times within the first two months of placement. However, CWS has been involved in negotiating the last target date of December 1, 2014, due to a shortage in field staff and high caseloads. To date, there is no final decision regarding the date for meeting this requirement.

Strategies for improvement are data and practice-oriented and include:

- review contact guides for caseworker visits to ensure consistency in approach by CW specialists when visiting children of varying ages, always assessing for safety throughout the life of the case;
- implement enhanced training on caseworker visitation through training in Level 1 Permanency courses for all CW specialists, including those working in Child Protective Services, Bridge, and Family Centered Services;
- train CW specialists to use the secure email on mobile devices via the transcription feature, in order to more efficiently and accurately document caseworker visits;
- develop To-Do lists for every CW specialist upon completion of the CORE Hands On Testing that includes a How-To for caseworker visits;

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- continue to refine policy to offer more detailed direction to CW specialists providing guidance on engagement with the child and caregiver; and
- provide ongoing monthly, quarterly, or both, monthly and quarterly monitoring, exact procedures to be determined by individual districts.

Monthly Caseworker Visit Grant funds are being utilized to fund the cost of smart phones for child welfare specialists. This allows child welfare specialists to access the web, email, and other online resources needed to meet the increasing demands of child welfare work. In addition, the new technology provides front line staff better access to their supervisors while allowing them to meet the critical demand of spending more time in the field. The smart phones also contain high quality cameras that assist staff with more accurate documentation, resulting in more effective supervisor consultation.

8. Adoption Incentive Payments (section 473A of the Act)

Oklahoma received \$1,244,000 in adoptive incentive payments for FFY 2013. This funding is utilized to fund salaries of adoption staff to ensure timely permanency for children in DHS custody.

9. Child Welfare Waiver Demonstration Activities (applicable States only)

DHS applied for a Title IV-E Waiver Demonstration Project and in late April received the Issue Paper back from the Children's Bureau. At this time, it is unknown if the project will receive final approval. However, if approved, the project will be integrated into the CFSP. DHS intends to increase positive outcomes for infants, children, youth, and families in their homes and communities, including tribal communities; improve the safety and wellbeing of infants, children, and youth; and prevent the recurrence of child abuse and neglect and the re-entry of infants, children, and youth into foster care.

10. Targeted Plans within the CFSP

Foster and Adoptive Parent Diligent Recruitment Plan

Oklahoma's Resource Recruitment and Retention Plan appears as Attachment 2 of this document.

Health Care Oversight and Coordination Plan

Oklahoma's Health Care Oversight and Coordination Plan appears as Attachment 3 of this document.

Disaster Plan

Oklahoma's Disaster Plan appears as Attachment 4 of this document.

Training Plan

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Oklahoma's Child Welfare Training Plan appears as Attachment 5 of this document. It describes a comprehensive overview of training and staff development supports provided to child welfare staff.

Cost Allocation Methodology:

The Title IV-E training plan is allocated in the following methods. If the training encompasses the entire realm of CW practices then the random moment time study results are applied and if appropriate, the IV-E allocation is claimed at the 75 percent with Title XX receiving the largest share of the allocation. If the training involves only foster care staff and foster care topics the penetration rate is applied and the IV-E portion is claimed at 75 percent, same methodology for adoptions and the courses that mix foster care and adoption with each CFDA receiving the appropriate share of the costs. Other trainings that could be claimed against IV-E are sometimes not do to revenue maximization were claiming against other federal programs brings in more revenue.

11. Financial Information

Payment Limitations – Title IV-B, Subpart 1:

DHS reports the amount of FY 2004 and FY 2005 Title IV-B, Subpart 1, funds that the State expended for child care, foster care maintenance, and adoption assistance payments in FY 2005. The State may not exceed this baseline amount for the corresponding types of payments after FY 2007 and replaces the 1979 baseline amount to which the State was previously held.

DHS: In SFY 2005, the State expended Title IV-B, Subpart 1, funds as follows: Child Care \$-0-; Foster Care Maintenance: \$340,000; Adoption Assistance: \$400,000

Report the amount of non-Federal funds expended by the State for foster care maintenance payments for FY 2005. The amount becomes the maximum that a State may use as match for foster care maintenance payments under title IV-B, Subpart 1, (Section 424(d)) and will serve as a baseline for future years.

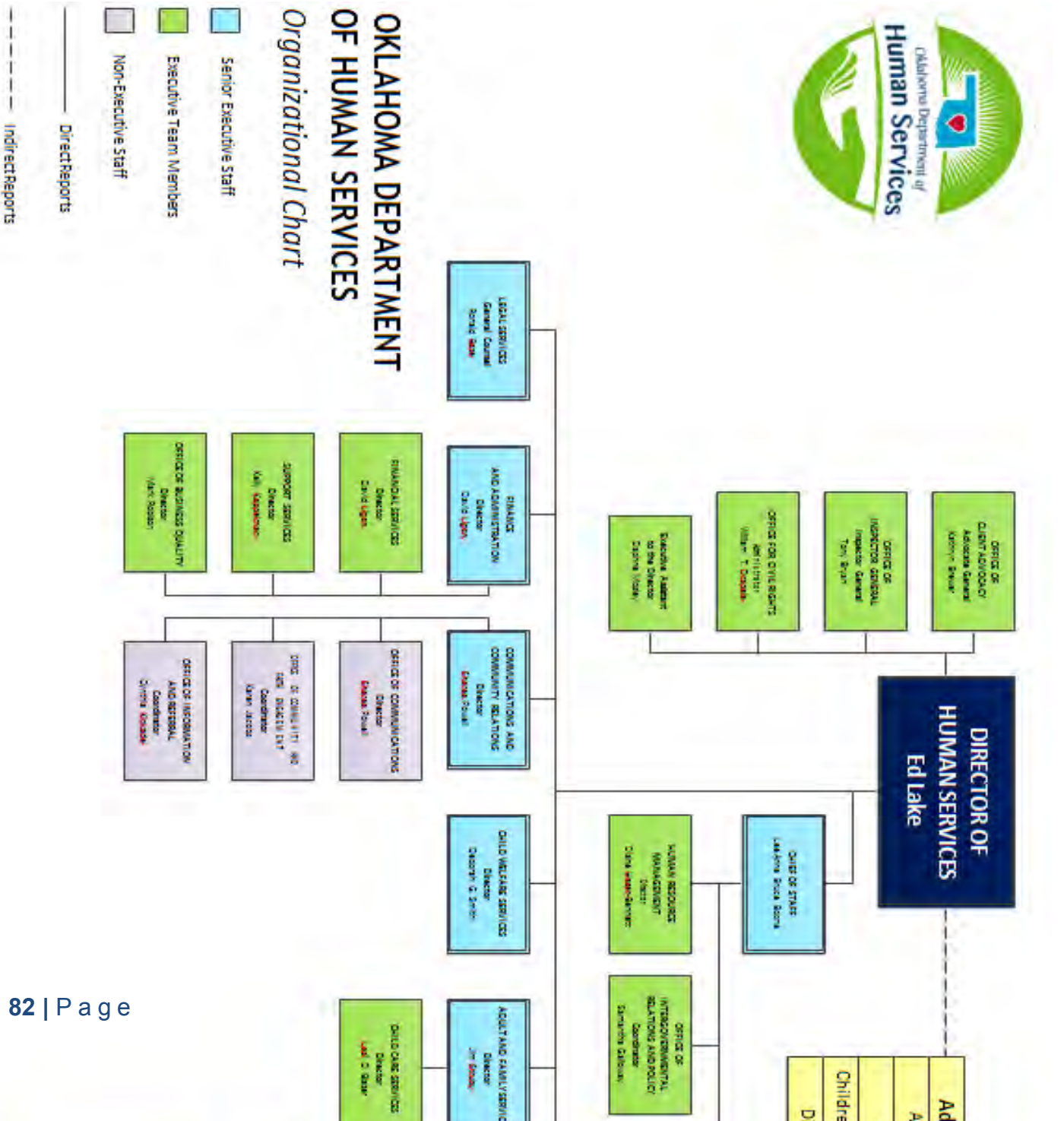
DHS: In SFY 2005, the State expended \$4,953,028 in state funds on State Family Foster Care. These funds were not used as match any other Federal funding sources.

Payment Limitations – Title IV-B, Subpart 2:

The FY 2012 State and local share expenditure amounts for the purposes of Title IV-B, Subpart 2 was \$1,105,252.25 state match at 25% and a MOE of \$1,520,000 to equal a total expenditure of \$2,625,252.25.

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Attachment 1



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Attachment 2

**DHS
RESOURCE RECRUITMENT & RETENTION
GOALS, OBJECTIVES AND STRATEGIES
2014 - 2019**

Oklahoma has in-bedded into the Pinnacle Plan, a Pinnacle Point with many strategies related to the recruitment and retention of resource families. The Pinnacle Point states: "We must expand quality placement options and supports to ensure safety of children in out of home care, reduce utilization of shelter care, improve placement stability, and to achieve positive permanency outcomes." The goals, objectives, and strategies identified for this Recruitment Plan are directly related to this Pinnacle Point. DHS is partnering with the Annie E. Casey Foundation (AECF) and the National Resource Center for Diligent Recruitment at AdoptUSKIDS in order to insure any effort by DHS related to recruitment, retention and support is data driven and based upon best practices. The Pinnacle Plan requires each year DHS complete an analysis of the current needs related to foster care and therapeutic foster care. Therefore, the recruitment goals for the CFSP will be those that are set by the Pinnacle Plan until December, 2016. The recruitment goals for years 2017 – 2019 will be determined in the yearly Annual Progress and Services Report based upon the current analysis of DHS needs. The recruitment goals for 2015 included in this report are those that are being recommended to the co-neutrals but are not confirmed at the time of the writing of this plan. To help inform this analysis, AECF recommended the use of the Foster Home (FH) Calculator. In addition, a meeting was held with stakeholders on March 28, 2014 to discuss the DHS Bridge program using the Diligent Recruitment Navigator as a guide. The analysis and results of this meeting were used in the creation of the recruitment and retention plan.

The FH Calculator is a simple Excel file. It incorporates the following types of data into its calculations:

- Data on characteristics of the children served by an agency in the past
- Data on types of placement (e.g. kinship, therapeutic foster homes, group care) currently used for different groups of children
- Data on current foster home pool
- Agency goals around placement practices

The FHC was created as a tool to assist agencies in estimating the number of homes that are needed for specific groups of children such as teens, large sibling groups or children in a particular community. After completing the calculator agencies can then strategically plan recruitment and target resource development to specific groups of children. By utilizing their own data and setting targets relative to kinship care, congregate care and placement selection, managers can identify the children/teens in greatest need of placement resources.

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AECF recommended the use of the FHC to Oklahoma for several reasons:

- the presence of rich data available on a regional basis;
- the need to shift to targeted recruitment strategies to approve families who would care for specific ages, race and needs of the children;
- the new contractors for foster care who were unfamiliar with the dynamics of placement needs of Oklahoma and were assigned to specific regions; and,
- the need to establish recruitment goals that are supported by data.

The FHC was customized for use in Oklahoma with targets being established on a region by region basis.

DHS agreed with AECF regarding the use of the FHC. DHS has access to data that describes the children who enter out of home (OOH) placement. Data on age, race, ethnicity and gender are collected on all children served in OOH placement. In addition there was information on special needs, whether a child is a member of a sibling group in care and community of origin. In the FHC, these data elements combine to describe the population of children who will need placement in a foster home. This information could be used to help DHS and our partner agencies to target more efficient and effective recruitment of homes for the children served by a specific agency.

AECF and DHS were in agreement that the lack of data-driven recruitment goals leads to the expending of precious resources and approval of families seeking to foster or adopt children not readily available for placement and results in a lack of homes for the children who do need placement, such as teens. The recruited families then languish on placement lists and are disappointed, creating poor public relations while teens default to congregate care as agencies turned to shelters and group homes as placement resources. The FHC provides the information necessary to become more targeted in the recruitment of families.

There were several steps in the process of utilizing the FHC in Oklahoma. AECF presented the tool to high level managers first to see if the tool would be helpful to them. AECF and DHS worked closely to identify available data on the characteristics of children served in OOH care and the current pool of foster homes in OK. In early May, the data were extracted from the OK SACWIS system, KIDS, and input into the FHC.

The FHC encourages staff to use existing data to estimate “assumptions” on key factors that influence the number of general foster homes needed for next year. Once the FHC was populated with current information, Bridge leadership and KDIS staff reviewed the tool and AECF assisted in setting initial “assumptions” on the following:

- use of different types of care (e.g. kinship care, group care and therapeutic care) for children of different age groups;
- “Difficulty of Placement” factor for groups of children and youth. (e.g. teens and children in large sibling groups);
- “Choice” factor to enable better matching of children to an appropriate home; and

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- degree to which current foster homes are actually available to receive a child.

The Regional Directors were given time to share the FHC with their district directors and a conference call was held with each Regional Team to answer questions, hold a discussion about the data and allow each region to adjust “assumptions” as needed. Data was provided on percentages of siblings groups that are placed together and children who are placed in their home county to assist in determining the “assumption”.

The FHC was completed when all of the Regions had reported their “assumptions” and the calculations were made. The regional estimates were then aggregated into a state total. Please refer to the end of the document for the complete FHC.

The meeting on March 26, 2014 which included foster parents, private agencies who provide both Bridge and Therapeutic foster care, services providers, faith based partners, and staff helped to identify strengths and needs. They are as follows:

Strengths:

- a data system with available on-going reports that include information on placement moves and stability;
- general recruiting that includes billboards and social media;
- child specific recruitment through use of kinship families;
- a DHS customer service plan;
- some trauma informed service availability;
- training schedule is publicized and training has flexible hours;
- use of adoption exchanges, social media, adoption events, etc. for child specific recruitment; and
- completion of home studies by contractors has sped up approval process;

Needs:

- accurate data;
- sharing of data on a regular basis with agency partners;
- concrete assistance for resource families, i.e. haircuts, restaurant discounts, discounts to movie theaters and other family recreational activities, assistance with vehicle expenses, beds, child care for non-working mothers, welcome baskets, assistance with cost of medical exams, grief and crisis counseling, etc.;
- community volunteers to support resource families;
- closer collaborations with educational and community partners;
- improved customer service for resource families, including, but not limited to, timely return of phone calls;
- treating resource families as team members;
- timely receipt of fingerprint background results;
- improvement in tribal relations;
- increase number of DHS staff and reduce workloads;
- exit surveys to assist in evaluation of resource satisfaction to improve recruitment and retention;
- CW staff to understand what resource families have been trained;
- retention liaison or staff dedicated to retention functions; and

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- access to translation services;

The recommended recruitment goals for Bridge resources are as follows:

	Statewide Total	Region 1	Region 2	Region 3	Region 4	Region 5
New Homes Needed - 2015	904	139	154	180	248	182

In Oklahoma, 85% to 90% of the children who become free for adoption achieve permanency with the foster or relative families with whom they have been placed. The goals and strategies identified in this plan are intended to also address the goals and strategies for recruitment of adoptive families. On a daily basis, there are approximately 300 children and youth who are legally free for adoption without a family identified. There are strategies embedded in the Pinnacle Plan and this plan to address their permanency. The children in need of adoptive homes range from young children to teenagers, siblings groups with a range of varying ages and those children with special needs. Child specific recruitment efforts will be the key to assisting them in achieving permanency.

This Recruitment Plan will be divided into four sections: General Recruitment, Targeted Recruitment, Child Specific Recruitment, and Retention. The overall goal of the Recruitment Plan is to develop and maintain a diverse array of foster and adoptive care resources that are readily available to children.

General Recruitment:

1. Maintain the Bridge Resource Support Center. This center is the point of contact for all interested individuals related to foster care and adoption. The center tracks DHS timeliness of response to inquiries and assist families, when needed.
2. Maintain the Bridge website at www.okbridgefamilies.org. This website provides information to the general community and for resource parents. Included on this website are the links to the partner agency websites where the public can obtain information on location, hours, etc.
3. Use social media, such as Facebook and Twitter, to educate the public regarding the need for resource parents for children in DHS custody. The messages will include information related to specific populations where the need has been identified which include, but are not limited to foster and adoptive homes for children with therapeutic needs, developmental disabilities, children under 12 and sibling groups.
4. Purchase advertising on radio and TV, when funding is available, to educate the public regarding the need for resource parents for children in DHS custody. In addition, DHS partner agencies will purchase advertising related to the recruitment of traditional and therapeutic foster homes.
5. Provide training to DHS staff regarding their roles and responsibilities related to recruitment of a diverse array of resource parents.

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Targeted Recruitment:

1. Utilize technical assistance to educate DHS, traditional and therapeutic foster care agencies, and tribes on targeted recruitment. This six day training will help agencies to know the needs of the children in their areas in relationship to age, gender, diversity, sibling groups, and behavioral needs. In addition, the recruiters will learn targeted recruitment techniques to reach and engage individuals most likely to foster or adopt our population of children and teens. Technical assistance will be provided to resource partners to assist in creating and implementing targeted recruitment plans focused on each region's needs.
2. Create contractual requirements for partner agencies to create and modify targeted recruitment plans based upon data. These plans will be updated a minimum of yearly.
3. Establish a method of dissemination of data in order that all partners in the recruitment and retention process make data informed decisions.
4. "Re-recruit" foster families to expand their placement parameters. In addition, contact former foster and adoptive parents to invite them to return to being a foster parent. Kinship caregivers will be offered the opportunity to become a foster parent to non-related children.

Child Specific Recruitment:

1. Focus on the timely identification and approval of relative and non-relative kin up when a child initially enters care to increase placement with siblings, in the same community, stability, and timeliness to permanency which will result in a larger percentage of children in kinship care.
2. Utilize AdoptUSKIDS, AdoptOKKIDS, Adoption Exchange, Waiting Child, Heart Gallery, Project111, Count Me in 4 KIDS, OK Foster Wishes, OKC Thunder, tribal partners, faith based collaborations, and any interested party who can protect the confidentiality of the child while searching for an adoptive home in presenting child specific profiles on children who are legally free for adoption but are currently without an identified family.
3. Partner with agencies who are focusing on family finding for youth are likely to age out of care.
4. Ensure Permanency Roundtables are held for children and youth who are likely to reach the age of majority without obtaining permanency.
5. Partner with private, licensed child placing agencies to help recruit adoptive families for children who are legally free without an identified family.
6. Provide a six hour class on Child Specific Recruitment techniques and strategies to our private partners.
7. Partner with the Wendy's Wonderful Kids recruiters who will support our child specific recruitment efforts for children awaiting adoption and assist in creating connections for youth who may age out without a permanent home.

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Retention:

1. Require all new Child Welfare staff to complete the Customer Service Training in the Learning Management System
2. Require all Child Welfare staff to complete the Guiding Principles Training for Staff as a part of their CORE classwork or no later than year 2 of implementation of this Recruitment Plan.
3. Hold yearly focus groups with resource parents in each of the 27 districts. These focus groups will be scheduled and facilitated by the District Director.
4. Partner with Deputy Director for Partnerships to create an identification card for resource parents, which will enable them to receive discounts at restaurants, movie theaters, amusement parks, putt putt golf, sports functions, etc.
5. Create and disseminate public thank you messages for resource parents.
6. Send individual thank you cards to resource parents when they are deciding to no longer provide this service for DHS.
7. Hold a yearly recruitment and retention conference for resource parents.

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Foster Home Calculator

Region 1, April 2014					
Step 1. Estimate TOTAL BED DAYS needed for children served in a year (Data from April 2014)					
1	#Kids in care at beginning of sfy13	1,071			
2	#Kids in care at end of year sfy 13	1,271			
3	Bed days needed in sfy13	427,415			
4	#Kids in care at beginning of sfy14	1,270			
5	#Kids in care at end of year sfy 14	1,813			
6	Bed days needed in sfy14	562,648			
7	%change from sfy13 to sfy14	31.6%			
8	Bed days needed in sfy 15 (includes factor for increasing number of kids in care)	740,667			
Step 2. Estimate BED DAYS needed for children served by age					
			0-2 years	3-5 years	6-12 years
9	% kids in care	100%	28%	22%	33%
9a	#Kids in care today	1,610	453	355	539
10	Estimate % of children who should be with:				
10a	-Relative caregivers		52%	63%	57%
10b	- Group home/res tx/other non-family settings		0%	0%	7%
10c	-Therapeutic homes		0%	2%	8%
10d	-Tribal homes		3%	3%	2%
10e	- Foster homes		45%	32%	26%
11	Bed days needed for Foster Care	244,388	93,779	52,261	64,470
Step 3: Convert BED DAYS into homes needed					
			0-2 years	3-5 years	6-12 years
12	Total bed days - annual	244,388	93,779	52,261	64,470
13	Total daily beds needed	670	257	143	177
14	Average number of beds in each home	2	2	2	2
15	Total foster homes - needed	335	128	72	88
16	Choice factor (%homes with empty beds to facilitate best placement match)	5%	5%	5%	5%
17	Total homes needed	352	135	75	93

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Step 4: Estimate number of NEW homes needed					
			0-2 years	3-5 years	6-12 years
18	Current Number of Approved Homes	898			
18a	- Kinship homes	508			
18b	- Therapeutic homes	33			
18c	- Tribal homes	12			
	% Currently placed in foster home		41%	22%	23%
19	Current Number of General FH (estimate based upon % of children currently placed in FH)	345	143	77	81
20	Homes closed last year (Assume 28%)	97	40	21	23
21	Homes 'ON Hold'	35	14	8	8
22	Actual "usable" homes	214	89	47	50
23	New Homes Needed	137	46	28	43
24	Difficulty of placement factor		0%	0%	0%
25	Adjusted new homes needed	139	46	28	43
Step 5: Estimate number of NEW homes needed for targeted groups (within age groups)					
	Targeted Population 1: Race		White	Native American	African American
26	- % of all children served	100%	73%	18%	9%
27	- # of children served	1,610	1169	296	141
	Homes Needed by Age & Race Groups		0-2 years	3-5 years	6-12 years
28	Race/ethnicity				
28a	- Native American/ Alaska Native	26	9	5	8
28b	- Black / African American	12	4	2	4
28c	- White	101	34	20	31
28d	- Other	0	0	0	0
29	TOTAL All Races	139	46	28	43
	Targeted Population 2: Hispanic Ethnicity		Hispanic		
30	- % of all children served		16%		
31	- # of children served		254		
	Homes Needed by Age & Hispanic Ethnicity				
32	-Hispanic	22	7	4	7
	Targeted Population 3: Large Sibling Groups				
33	- Number of sibling groups of 4 or more	84			

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34	- % sibling groups of 4 or more currently placed together	25%			
35	Estimate homes that will take large sibling groups	21			
36	Homes needed for Large Sibling Groups	63			
37	Difficulty of placement factor (if large sibling group is difficult to place you can increase number of new homes needed by assigning a 'difficult to place factor' (%))	10%			
38	Adjusted new homes needed for large sibling groups	69			

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Region 1, April 2014					
Step 1. Estimate TOTAL BED DAYS needed for children served in a year (Data from April 2014)					
1	#Kids in care at beginning of sfy13	1,071			
2	#Kids in care at end of year sfy 13	1,271			
3	Bed days needed in sfy13	427,415			
4	#Kids in care at beginning of sfy14	1,270			
5	#Kids in care at end of year sfy 14	1,813			
6	Bed days needed in sfy14	562,648			
7	%change from sfy13 to sfy14	31.6%			
8	Bed days needed in sfy 15 (includes factor for increasing number of kids in care)	740,667			
Step 2. Estimate BED DAYS needed for children served by age					
			0-2 years	3-5 years	6-12 years
9	% kids in care	100%	28%	22%	33%
9a	#Kids in care today	1,610	453	355	539
10	Estimate % of children who should be with:				
10a	-Relative caregivers		52%	63%	57%
10b	- Group home/res tx/other non-family settings		0%	0%	7%
10c	-Therapeutic homes		0%	2%	8%
10d	-Tribal homes		3%	3%	2%
10e	- Foster homes		45%	32%	26%
11	Bed days needed for Foster Care	244,388	93,779	52,261	64,470
Step 3: Convert BED DAYS into homes needed					
			0-2 years	3-5 years	6-12 years
12	Total bed days - annual	244,388	93,779	52,261	64,470
13	Total daily beds needed	670	257	143	177
14	Average number of beds in each home	2	2	2	2
15	Total foster homes - needed	335	128	72	88
16	Choice factor (%homes with empty beds to facilitate best placement match)	5%	5%	5%	5%
17	Total homes needed	352	135	75	93

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Step 4: Estimate number of NEW homes needed					
			0-2 years	3-5 years	6-12 years
18	Current Number of Approved Homes	898			
18a	- Kinship homes	508			
18b	- Therapeutic homes	33			
18c	- Tribal homes	12			
	% Currently placed in foster home		41%	22%	23%
19	Current Number of General FH (estimate based upon % of children currently placed in FH)	345	143	77	81
20	Homes closed last year (Assume 28%)	97	40	21	23
21	Homes 'ON Hold'	35	14	8	8
22	Actual "usable" homes	214	89	47	50
23	New Homes Needed	137	46	28	43
24	Difficulty of placement factor		0%	0%	0%
25	Adjusted new homes needed	139	46	28	43
Step 5: Estimate number of NEW homes needed for targeted groups (within age groups)					
	Targeted Population 1: Race		White	Native American	African American
26	- % of all children served	100%	73%	18%	9%
27	- # of children served	1,610	1169	296	141
	Homes Needed by Age & Race Groups		0-2 years	3-5 years	6-12 years
28	Race/ethnicity				
28a	- Native American/ Alaska Native	26	9	5	8
28b	- Black / African American	12	4	2	4
28c	- White	101	34	20	31
28d	- Other	0	0	0	0
29	TOTAL All Races	139	46	28	43
	Targeted Population 2: Hispanic Ethnicity		Hispanic		
30	- % of all children served		16%		
31	- # of children served		254		
	Homes Needed by Age & Hispanic Ethnicity				
32	-Hispanic	22	7	4	7
	Targeted Population 3: Large Sibling Groups				
33	- Number of sibling groups of 4 or more	84			

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34	- % sibling groups of 4 or more currently placed together	25%			
35	Estimate homes that will take large sibling groups	21			
36	Homes needed for Large Sibling Groups	63			
37	Difficulty of placement factor (if large sibling group is difficult to place you can increase number of new homes needed by assigning a 'difficult to place factor' (%))	10%			
38	Adjusted new homes needed for large sibling groups	69			

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	Region 2, April 2014					
Step 1. Estimate TOTAL BED DAYS needed for children served in a year (Data from April 2014)						
1	#Kids in care at beginning of sfy13	1,657				
2	#Kids in care at end of year sfy 13	1,744				
3	Bed days needed in sfy13	620,683				
4	#Kids in care at beginning of sfy14	1,746				
5	#Kids in care at end of year sfy 14	2,231				
6	Bed days needed in sfy14	725,803				
7	%change from sfy13 to sfy14	16.9%				
8	Bed days needed in sfy 15 (includes factor for increasing number of kids in care)	848,726				
Step 2. Estimate BED DAYS needed for children served by age						
			0-2 years	3-5 years	6-12 years	13-21 years
9	% kids in care	100%	24%	22%	37%	17%
9a	#Kids in care today	2,006	485	433	745	343
10	Estimate % of children who should be with:					
10a	-Relative caregivers		51%	49%	51%	37%
10b	- Group home/res tx/other non-family settings		0%	0%	6%	29%
10c	-Therapeutic homes		0%	6%	13%	8%
10d	-Tribal homes		2%	1%	0%	0%
10e	- Foster homes		47%	44%	30%	26%
11	Bed days needed for Foster Care	309,345	96,444	80,608	94,561	37,731
Step 3: Convert BED DAYS into homes needed						
			0-2 years	3-5 years	6-12 years	13-21 years
12	Total bed days - annual	309,345	96,444	80,608	94,561	37,731
13	Total daily beds needed	848				
			264	221	259	103
14	Average number of beds in each home	2	2	2	2	2
15	Total foster homes - needed	424	132	110	130	52
16	Choice factor (%homes with empty beds to facilitate best placement match)	5%	5%	5%	5%	5%
17	Total homes needed	445	139	116	136	54
Step 4: Estimate number of NEW homes needed						

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			0-2 years	3-5 years	6-12 years	13-21 years
18	Current Number of Approved Homes	1,165				
18a	- Kinship homes	618				
18b	- Therapeutic homes	58				
18c	- Tribal homes	14				
	% Currently placed in foster home		34%	29%	30%	7%
19	Current Number of General FH (estimate based upon % of children currently placed in FH)	475	161	140	143	31
20	Homes closed last year (Assume 28%)	133	45	39	40	9
21	Homes 'ON Hold'	48	16	14	14	3
22	Actual "usable" homes	295	100	87	89	19
23	New Homes Needed	150	39	29	47	35
24	Difficulty of placement factor		0%	0%	0%	10%
25	Adjusted new homes needed	154	39	29	47	38
Step 5: Estimate number of NEW homes needed for targeted groups (within age groups)						
	Targeted Population 1: Race		White	Native American	African American	Other
26	- % of all children served	100%	70%	16%	14%	0%
27	- # of children served	2,006	1401	326	271	8
	Homes Needed by Age & Race Groups		0-2 years	3-5 years	6-12 years	13-21 years
28	Race/ethnicity					
28a	- Native American/ Alaska Native	25	6	5	8	6
28b	- Black / African American	21	5	4	6	5
28c	- White	108	27	21	33	27
28d	- Other	1	0	0	0	0
29	TOTAL All Races	154	39	29	47	38
	Targeted Population 2: Hispanic Ethnicity (Note: Hispanic included in race categories)		Hispanic			
30	- % of all children served		15%			
31	- # of children served		302			
	Homes Needed by Age & Hispanic Ethnicity					
32	-Hispanic	23	6	4	7	6
	Targeted Population 3: Large Sibling Groups					
33	- Number of sibling groups of 4 or more	104				
34	- % sibling groups of 4 or more currently placed together	25%				
35	Estimate homes that will take large sibling groups	26				

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36	Homes needed for Large Sibling Groups	78				
37	Difficulty of placement factor (if large sibling group is difficult to place you can increase number of new homes needed by assigning a 'difficult to place factor' (%)	10%				
38	Adjusted new homes needed for large sibling groups	86				

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	Region 3, April 2014					
Step 1. Estimate TOTAL BED DAYS needed for children served in a year (Data from April 2014)						
1	#Kids in care at beginning of sfy13	2,413				
2	#Kids in care at end of year sfy 13	2,337				
3	Bed days needed in sfy13	866,875				
4	#Kids in care at beginning of sfy14	2,337				
5	#Kids in care at end of year sfy 14	2,597				
6	Bed days needed in sfy14	900,455				
7	%change from sfy13 to sfy14	3.9%				
8	Bed days needed in sfy 15 (includes factor for increasing number of kids in care)	935,336				
Step 2. Estimate BED DAYS needed for children served by age						
			0-2 years	3-5 years	6-12 years	13-21 years
9	% kids in care	100%	29%	20%	34%	18%
9a	#Kids in care today	2,203	635	434	739	395
10	Estimate % of children who should be with:					
10a	-Relative caregivers		52%	61%	53%	30%
10b	- Group home/res tx/other non-family settings		0%	0%	6%	32%
10c	-Therapeutic homes		0%	5%	17%	12%
10d	-Tribal homes		2%	1%	1%	0%
10e	- Foster homes		46%	33%	23%	26%
11	Bed days needed for Foster Care	300,594	124,018	60,807	72,165	43,604
Step 3: Convert BED DAYS into homes needed						
			0-2 years	3-5 years	6-12 years	13-21 years
12	Total bed days - annual	300,594	124,018	60,807	72,165	43,604
13	Total daily beds needed	824	340	167	198	119
14	Average number of beds in each home	2	2	2	2	2
15	Total foster homes - needed	412	170	83	99	60
16	Choice factor (%homes with empty beds to facilitate best placement match)	5%	5%	5%	5%	5%
17	Total homes needed	432	178	87	104	63

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Step 4: Estimate number of NEW homes needed						
			0-2 years	3-5 years	6-12 years	13-21 years
18	Current Number of Approved Homes	1,016				
18a	- Kinship homes	504				
18b	- Therapeutic homes	87				
18c	- Tribal homes	11				
	% Currently placed in foster home		48%	24%	22%	6%
19	Current Number of General FH (estimate based upon % of children currently placed in FH)	414	200	98	91	25
20	Homes closed last year (Assume 28%)	116	56	27	26	7
21	Homes 'ON Hold'	41	20	10	9	3
22	Actual "usable" homes	257	124	61	56	16
23	New Homes Needed	175	54	27	47	47
24	Difficulty of placement factor		0%	0%	0%	10%
25	Adjusted new homes needed	180	54	27	47	52
Step 5: Estimate number of NEW homes needed for targeted groups (within age groups)						
	Targeted Population 1: Race		White	Native American	African American	Other
26	- % of all children served	100%	53%	12%	33%	1%
27	- # of children served	2,203	1168	274	736	25
	Homes Needed by Age & Race Groups		0-2 years	3-5 years	6-12 years	13-21 years
28	Race/ethnicity					
28a	- Native American/ Alaska Native	22	7	3	6	6
28b	- Black / African American	60	18	9	16	17
28c	- White	96	29	14	25	27
28d	- Other	2	1	0	1	1
29	TOTAL All Races	180	54	27	47	52
	Targeted Population 2: Hispanic Ethnicity		Hispanic			
30	- % of all children served		25%			
31	- # of children served		541			
	Homes Needed by Age & Hispanic Ethnicity					
32	-Hispanic	44	13	7	12	13
	Targeted Population 3: Large Sibling Groups					
33	- Number of sibling groups of 4 or more	140				
34	- % sibling groups of 4 or more currently placed together	29%				
35	Estimate homes that will take large	41				

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	sibling groups					
36	Homes needed for Large Sibling Groups	99				
37	Difficulty of placement factor (if large sibling group is difficult to place you can increase number of new homes needed by assigning a 'difficult to place factor' (%))	10%				
38	Adjusted new homes needed for large sibling groups	109				

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	Region 4, April 2014					
Step 1. Estimate TOTAL BED DAYS needed for children served in a year (Data from April 2014)						
1	#Kids in care at beginning of sfy13	1,465				
2	#Kids in care at end of year sfy 13	1,868				
3	Bed days needed in sfy13	608,273				
4	#Kids in care at beginning of sfy14	1,865				
5	#Kids in care at end of year sfy 14	2,476				
6	Bed days needed in sfy14	792,233				
7	%change from sfy13 to sfy14	30.2%				
8	Bed days needed in sfy 15 (includes factor for increasing number of kids in care)	1,031,828				
Step 2. Estimate BED DAYS needed for children served by age						
			0-2 years	3-5 years	6-12 years	13-21 years
9	% kids in care	100%	26%	25%	34%	14%
9a	#Kids in care today	2,185	579	546	748	312
10	Estimate % of children who should be with:					
10a	-Relative caregivers		51%	52%	54%	43%
10b	- Group home/res tx/other non-family settings		0%	0%	5%	20%
10c	-Therapeutic homes		0%	4%	15%	15%
10d	-Tribal homes		5%	5%	2%	1%
10e	- Foster homes		44%	39%	24%	21%
11	Bed days needed for Foster Care	336,579	120,306	100,557	84,775	30,941
Step 3: Convert BED DAYS into homes needed						
			0-2 years	3-5 years	6-12 years	13-21 years
12	Total bed days - annual	336,579	120,306	100,557	84,775	30,941
13	Total daily beds needed	922	330	275	232	85
14	Average number of beds in each home	2	2	2	2	2
15	Total foster homes - needed	461	165	138	116	42
16	Choice factor (%homes with empty beds to facilitate best placement match)	5%	5%	5%	5%	5%
17	Total homes needed	484	173	145	122	45
Step 4: Estimate number of NEW homes needed						

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			0-2 years	3-5 years	6-12 years	13-21 years
18	Current Number of Approved Homes	1,199				
18a	- Kinship homes	659				
18b	- Therapeutic homes	103				
18c	- Tribal homes	46				
	% Currently placed in foster home		35%	28%	29%	8%
19	Current Number of General FH (estimate based upon % of children currently placed in FH)	391	137	109	112	33
20	Homes closed last year (Assume 28%)	109	38	31	31	9
21	Homes 'ON Hold'	39	14	11	11	3
22	Actual "usable" homes	242	85	68	70	20
23	New Homes Needed	242	88	77	52	24
24	Difficulty of placement factor		2%	2%	2%	10%
25	Adjusted new homes needed	248	90	79	53	27
Step 5: Estimate number of NEW homes needed for targeted groups (within age groups)						
	Targeted Population 1: Race		White	Native American	African American	Other
26	- % of all children served	100%	61%	32%	7%	0%
27	- # of children served	2,185	1342	690	149	4
	Homes Needed by Age & Race Groups		0-2 years	3-5 years	6-12 years	13-21 years
28	Race/ethnicity					
28a	- Native American/ Alaska Native	78	28	25	17	8
28b	- Black / African American	17	6	5	4	2
28c	- White	153	55	48	33	16
28d	- Other	0	0	0	0	0
29	TOTAL All Races	248	90	79	53	27
	Targeted Population 2: Hispanic Ethnicity		Hispanic			
30	- % of all children served		11%			
31	- # of children served		238			
	Homes Needed by Age & Hispanic Ethnicity					
32	-Hispanic	27	10	9	6	3
	Targeted Population 3: Large Sibling Groups					
33	- Number of sibling groups of 4 or more	108				
34	- % sibling groups of 4 or more currently placed together	25%				
35	Estimate homes that will take large	27				

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	sibling groups					
36	Homes needed for Large Sibling Groups	81				
37	Difficulty of placement factor (if large sibling group is difficult to place you can increase number of new homes needed by assigning a 'difficult to place factor' (%))	10%				
38	Adjusted new homes needed for large sibling groups	89				

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	Region 5, April 2014					
Step 1. Estimate TOTAL BED DAYS needed for children served in a year (Data from April 2014)						
1	#Kids in care at beginning of sfy13	1,514				
2	#Kids in care at end of year sfy 13	1,722				
3	Bed days needed in sfy13	590,570				
4	#Kids in care at beginning of sfy14	1,723				
5	#Kids in care at end of year sfy 14	2,149				
6	Bed days needed in sfy14	706,640				
7	%change from sfy13 to sfy14	19.7%				
8	Bed days needed in sfy 15 (includes factor for increasing number of kids in care)	845,522				
Step 2. Estimate BED DAYS needed for children served by age						
			0-2 years	3-5 years	6-12 years	13-21 years
9	% kids in care	100%	29%	20%	33%	19%
9a	#Kids in care today	1,873	538	370	609	356
10	Estimate % of children who should be with:					
10a	-Relative caregivers		54%	54%	51%	30%
10b	- Group home/res tx/other non-family settings		0%	0%	5%	35%
10c	-Therapeutic homes		0%	6%	15%	7%
10d	-Tribal homes		2%	1%	1%	0%
10e	- Foster homes		44%	39%	28%	28%
11	Bed days needed for Foster Care	293,978	106,862	65,141	76,977	44,998
Step 3: Convert BED DAYS into homes needed						
			0-2 years	3-5 years	6-12 years	13-21 years
12	Total bed days - annual	293,978	106,862	65,141	76,977	44,998
13	Total daily beds needed	805	293	178	211	123
14	Average number of beds in each home	2	2	2	2	2
15	Total foster homes - needed	403	146	89	105	62
16	Choice factor (%homes with empty beds to facilitate best placement match)	5%	5%	5%	5%	5%
17	Total homes needed	423	154	94	111	65
Step 4: Estimate number of NEW homes needed						

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			0-2 years	3-5 years	6-12 years	13-21 years
18	Current Number of Approved Homes	1,021				
18a	- Kinship homes	523				
18b	- Therapeutic homes	77				
18c	- Tribal homes	24				
	% Currently placed in foster home		43%	26%	24%	7%
19	Current Number of General FH (estimate based upon % of children currently placed in FH)	397	171	101	96	28
20	Homes closed last year (Assume 28%)	111	48	28	27	8
21	Homes 'ON Hold'	40	17	10	10	3
22	Actual "usable" homes	246	106	63	60	17
23	New Homes Needed	177	48	31	51	47
24	Difficulty of placement factor		0%	0%	0%	10%
25	Adjusted new homes needed	182	48	31	51	52
Step 5: Estimate number of NEW homes needed for targeted groups (within age groups)						
	Targeted Population 1: Race		White	Native American	African American	Other
26	- % of all children served	100%	57%	19%	22%	1%
27	- # of children served	1,873	1076	360	411	26
	Homes Needed by Age & Race Groups		0-2 years	3-5 years	6-12 years	13-21 years
28	Race/ethnicity					
28a	- Native American/ Alaska Native	35	9	6	10	10
28b	- Black / African American	40	11	7	11	11
28c	- White	104	27	18	29	30
28d	- Other	3	1	0	1	1
29	TOTAL All Races	182	48	31	51	52
	Targeted Population 2: Hispanic Ethnicity		Hispanic			
30	- % of all children served		16%			
31	- # of children served		298			
	Homes Needed by Age & Hispanic Ethnicity					
32	-Hispanic	29	8	5	8	8
	Targeted Population 3: Large Sibling Groups					
33	- Number of sibling groups of 4 or more	87				
34	- % sibling groups of 4 or more currently placed together	28%				
35	Estimate homes that will take large sibling groups	24				
36	Homes needed for Large Sibling Groups	63				

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37	Difficulty of placement factor (if large sibling group is difficult to place you can increase number of new homes needed by assigning a 'difficult to place factor' (%)	10%				
38	Adjusted new homes needed for large sibling groups	69				

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Calculations and Logic for Foster Home Calculator

Instructions: (1) steps are calculated for each region; (2) data are input into cells on regional worksheets that are highlighted in yellow and (3) assumptions are input into Regional columns on the 'Assumptions' worksheet; (4) number of home needed (i.e. must be recruited and licensed) are calculated and presented on the Regional Worksheet in the sections that are shaded green.

Step 1: Uses data on number of children in care over the last 2 years to determine an average of bed days needed each year. It then calculates % change from year 1 to year 2 and uses the % change to adjust for bed days that will be needed next year.

Step 2: Allocates bed days to 4 different age groups by multiplying total estimated bed days needed by % of children currently in care by age. It then uses assumptions provided by agency leaders to determine the percentage of each age group that will be served in other settings such as kinship care, group care and therapeutic foster care. After adding together the percents of children in each age group that should be served in other types of care, the total percent is subtracted from 100% to determine the percent of foster home beds days that are needed for each age group. Total needed bed days multiplied by % bed days needed for each age group gives the number of annual bed days by age group.

Step 3: Annual bed days divided by 365 equals average daily bed days for each age group. Daily bed days is divided by average number of beds per home to get number of foster homes needed for each age group. Number of foster homes for each age group is adjusted using a choice factor. The choice factor ranges from 0% to 100%. The purpose of the choice factor is to ensure that there are more homes (and beds) than needed resulting in some empty beds at all times that allow for a better matching of children to homes. The larger the choice factor the more homes needed.

Step 4: Determines the number of new foster homes needed for each age group by comparing total homes needed to number of existing homes. If the number of licensed homes includes homes other than traditional homes (such as kinship, therapeutic foster homes) these homes should be subtracted from the total number of licensed homes. To allocate these homes to age groups served is often difficult because homes are often willing to take more than 1 age group. To estimate number of foster homes available for each age group, multiply total available homes by percent of children in each age group that are currently placed in a foster homes. This provides an estimate of the homes that will actually take children in each age group. Adjust for homes closed last year (i.e. there will probably be a similar number closed this year). Calculator assumes 20% of homes closed in a year. Also, adjust for homes officially or unofficially 'on hold' (set to 10% in the assumptions page.) These adjustments result in total number of currently available traditional homes which are allocated to age groups. Compare homes available to home needed to determine the number of new homes to be recruited this year for each age group.

Step 5: Within each age group estimate the number of homes needed for each race. Multiply the number of homes needed in each age group by percentage of children by race. This provides homes needed by age and race group. You can also establish other targeted recruitment groups (e.g. Hispanic, large sibling groups) and estimate the overall number of each type of home that is needed. This is done by estimating the percentage of each group in the placement population, then multiplying total homes needed by percentage of the targeted population.

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Attachment 3

State Tribal Collaboration Workgroup

Mission: Develop positive partnerships between CWS and ICW to enhance Indian Child Welfare compliance for positive outcomes for our Native American children and families we serve.

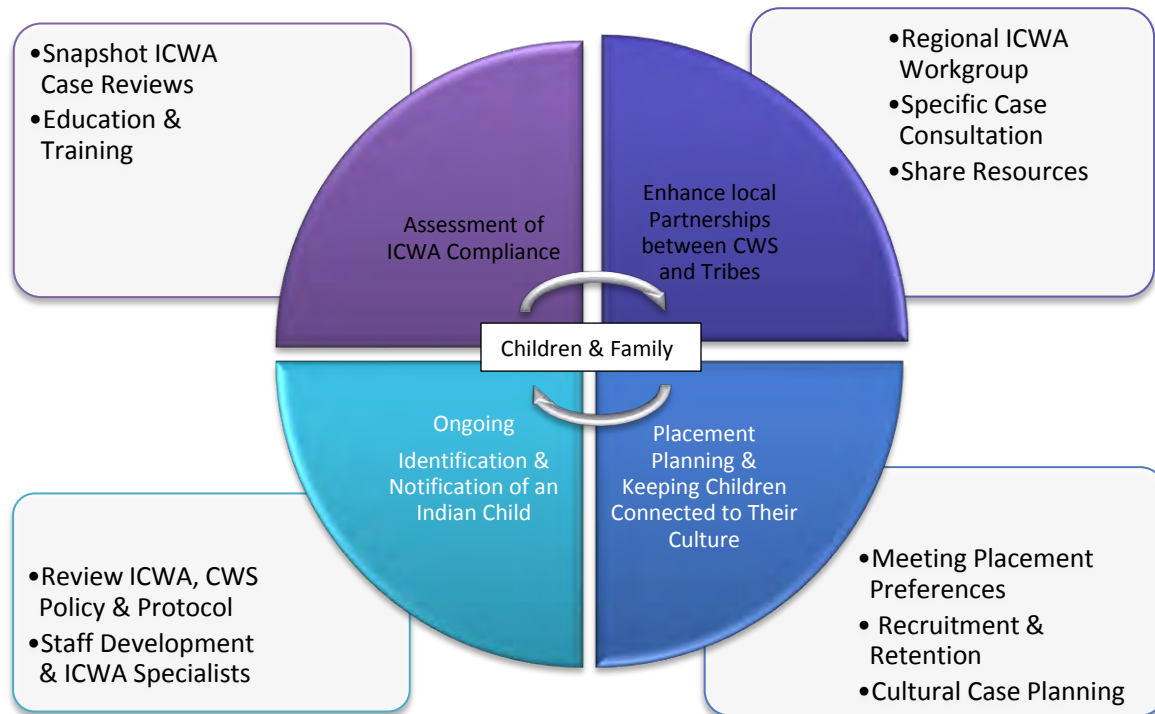
History: Began 2006 between DHS Child Welfare and Indian Child Welfare Programs across the State. Each year the mission and goals are revisited and redefined to meet changing and innovative strategies within the workforce.

Statistics 05/31/2014

Approximate Number of children in which ICWA applies: 3,876 of the total 11,548 in DHS custody

Represents 38 Tribes in Oklahoma, 29 Tribes out of State

Key Strategies for 2014-2015



Roles & Partnerships		
DHS Child Welfare	Indian Child Welfare	Community Partners
Director CWS Director Regional Deputy Directors Program Administrators, Supervisors, Managers Field Managers District Directors CWS Specialists	Social Service Directors ICW Directors ICW Supervisors ICW Program Managers ICW Social Workers Cultural Staff Tribal Representatives Ok Indian Child Welfare Assoc. InterTribal Leadership Council Governor Fallin's Tribal Liaison Tribal Child Protection Teams Bureau of Indian Affairs	Judicial Partners Court Improvement Program OK Dept. of Mental Health OK Children's Commission & Youth OK Institute for Child Advocacy Casey Family Programs OK Department of Health OK District Attorney Council

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Attachment 4

**DHS - CWS
Health Care Oversight and Development Plan
2014-2019**

The Health Care Oversight and Development Plan for children in foster care originally developed in 2009, was incorporated into the statewide Oklahoma Child Health Improvement Plan. A minimum of bi-annual meetings between representatives from Oklahoma Health Care Authority (OHCA), the state Medicaid agency, and DHS have worked together on health care projects and updating the Health Care Oversight and Coordination Plan. Going forward the DHS Medical Director, a pediatrician, will assume leadership of this collaborative group to assist both agencies in addressing health issues for children in DHS custody. The Fostering Hope Workgroup plans to add representatives from other agencies as needed, such as the Oklahoma Department of Mental Health and Substance Abuse Services. Lessons learned during the previously approved Health Care Oversight and Coordination Plan were incorporated into the plan below.

The following outlines the oversight and coordination plan:

1. A schedule for initial and follow-up health screenings that meet reasonable standards of medical practice.

As in the past, Oklahoma utilizes the current Medicaid Early Periodic, Screening, Diagnosis and Treatment (EPSDT) schedule. The Child Welfare Services policy, Oklahoma Administrative Code (OAC) 340:75-6-88, requires EPSDT screening according to the schedule of frequency or at a minimum an annual physical exam. In addition, the DHS provides as soon as practicable after the filing of the petition, an initial health screening for each child placed in DHS emergency custody, to identify any health problems that require immediate treatment, diagnose infections and communicable diseases, and evaluate injuries or other signs of abuse or neglect. Section 1-7-103 of Title 10A of the Oklahoma Statutes requires that DHS provide medical care necessary to preserve the child's health and protect the health of others in contact with the child. Each child in DHS custody is subject to receive:

- (1) yearly mental health or developmental screening;
- (2) yearly dental exam when the child is older than 3 years of age. Children younger than 3 years of age receive dental services as needed;
- (3) immunizations initiated and kept current;
- (4) visual and hearing evaluation exams and corrective lenses or hearing aids, when indicated;
- (5) outpatient or inpatient behavioral mental health treatment, when appropriate;
- (6) physician's services, when the child is sick. This service is not considered a physical exam; and
- (7) follow-up and referral services as recommended by a qualified professional.

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2. How health needs identified through screenings will be monitored and treated, including emotional trauma associated with a child's maltreatment and removal from home.

Per Oklahoma Administrative Code (OAC) 340:75-6-88, the CW specialist schedules initial health and developmental screenings for the child based on the needs and age of each child placed in out-of-home care. The CW specialist ensures, in coordination with the placement provider and parent, when applicable, that the child in out-of-home care timely receives needed routine and specialized medical care, including medical, dental, visual, and counseling services. Subsequently, the CW specialist coordinates with care providers routinely during the required contact with child and resource provider. Child Contact Guides, specific to age ranges, are used by the CW specialist to address the physical environment, health and safety concerns, developmental milestones, and independent living skills, when applicable, for each child in out-of-home care. If there are any resulting concerns, a plan is developed to document any actions taken regarding risk items or concerns for child abuse or neglect.

DHS recognizes the need to become trauma-informed. In the past few years, DHS offered CW specialists training on trauma and how it relates to the child's behavioral, physical, and emotional health. While this training has been beneficial, there remain systemic gaps in care coordination and treatment. In 2012, DHS was awarded a competitive grant, titled the Oklahoma Trauma Assessment and Service Center Collaborative (OK-TASCC). OK-TASCC is a demonstration grant through the Administration on Children, Youth and Families on the Initiative to Improve Access to Needs-Driven, Evidence-Based/Evidence-informed Mental and Behavioral Health Services in Child Welfare through DHS. The goal of this project is to improve the social and emotional well-being and restore the developmentally appropriate functioning of children and youth in the CW system that have mental and behavioral health needs through helping Oklahoma develop and implement a comprehensive, integrated, and reliable continuum of screening, assessment, and aligned service delivery. DHS is embarking on year three of the five year grant that entails the implementation phase of using a child behavioral health screener for every child who is placed in out-of-home care. To date, a screener is being piloted for validation in children 4 through 17 years of age in foster care who are served at the Fostering Hope Clinic in Oklahoma City, OK. The screener assists in identifying behavioral health concerns, the level of impairment of social function, and searches for trauma symptoms. Intensive planning is ongoing with infant mental health groups to determine ways to screen the birth to 3 years of age group. The ultimate goal is to ensure access to effective evidence-based/evidence-informed treatments and services that are aligned with the assessed behavioral and mental health needs of children and youth.

3. How medical information will be updated and appropriately shared, which may include developing and implementing an electronic health record.

Per OAC 340:75-6-40.2, when a child is in DHS custody and in out-of-home placement, the CW specialist provides the placement provider all known information concerning the

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child at the time of placement and at a minimum of every six months. In addition, placement providers are given access to the Child's Passport, a web-based application that provides the placement provider with medical and educational records, among other case plan information, for the child/children in the provider's care. Since the development of the Child's Passport in 2010, DHS has continued to refine and enhance the application with real-time data exchanges from OHCA as the state Medicaid agency and Oklahoma State Department of Education (OSDE). Prior to 2010, medical and educational information was subject to entry by the CW specialist into KIDS (Oklahoma's Statewide Automated Child Welfare Information System), however medical information has been transferred electronically since the launch of the electronic passport, and it is anticipated that all information in the Child's Passport will be completely auto-populated within the next few months. Until that time, the educational information will continue to be manually updated by the CW specialist. Lessons learned from deploying the Child's Passport will be incorporated into Phase II enhancements planned for the next year. The re-design will make the application more user-friendly when logging on, seeking specific information, and understanding the type of information stored in the Child's Passport. DHS continues to work with OHCA on enhancing scope and detail of medical information exchanged, such as providing the pharmacy address instead of a pharmacy identification number and allowing for historical data beyond a three-year period so that when children are adopted this information can be used for disclosure. Since only the placement provider has access to the Child's Passport, the provider is encouraged to print the Passport information prior to taking the child to the health professional for review of the child's medical history and any concerns, inconsistencies, or the need for special services.

4. Steps to ensure continuity of health care services, which may include establishing a medical home for every child in care.

The Fostering Hope clinic is a medical home clinic that serves children in foster care, as well as those who have achieved permanency through reunification, guardianship, or adoption. In addition, the clinic provides care for families and children who are encountering complex social challenges or are involved in prevention efforts through the department.

Training continues via the OHCA, ODMHSAS, and DHS staffs to inform of the need to collaborate as a statewide system to provide continuity of coverage for children in out-of-home care. The DHS Medical Director has routinely led the charge for health care issues at statewide medical conferences, and will continue to do so. Toxic stress and adverse childhood experiences have been topics recently noted in the state Pediatrician's newsletter. One area of focus for the next five years is to review the medical services policy, specifically the consent process for medical services. Recent changes in legislation and staff turnover have contributed to the lack of clarity, such as the types of consent and who provides consent for medical care. The Child's Passport and Placement Provider Information report are just two means for CW specialists and placement providers to ensure the continuity of services for children in custody. The Fostering Hope Workgroup is another venue for addressing the health care needs for

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children that receive Medicaid compensable services while in out-of-home care. This workgroup meets to provide oversight by reviewing data on psychotropic medication use, behavioral and mental health services, and continue to review the need for a medical home model for this population. Care coordination remains an issue; however, discussions are ongoing between OHCA, DHS, and the Oklahoma State Department of Health focusing on the development of specified health professionals, such as a nurses, to coordinate care and provide consultation, whether through the initial phase of Child Protective Services or throughout the child's stay in out-of-home care. This effort to research similar practices in other states and develop a pilot is in the beginning phase.

5. The oversight of prescription medicines, including protocols for the appropriate use and monitoring of psychotropic medications.

DHS continues to contract with the University of Oklahoma Department of Pharmacology. This contract provides for the review of medication regimes for children as requested by CW specialists or provider agencies. Children for whom the service was recommended are those who have been taking two or more psychotropic medications that have not changed over three or more months, children who have had medications added and none reduced or changed, children whose behaviors are continually increasing even with medication changes, children who are taking two or more anticonvulsants for seizure disorder, children who are taking five or more of any medication, and children younger than 5 years of age who are taking psychotropic medications. Procedures for the pharmacology review will be incorporated into CW policy as well as providing a formal referral process for the reviews, and a training plan will include all areas of the state to discuss the appropriate use of psychotropic meds, the referral/review process, and the consent procedure. Feedback from these sessions will be used in the development of further policy and guidance.

Currently, DHS is involved in assessing and monitoring the use of psychotropic medications for children in residential group homes. The former DHS Medical Director, and current CWS Deputy Director, Dr. Deborah Shropshire, is directly involved in this review effort. To date, all high level group home providers have responded with the name of the physician reviewing medications, if not a physician, then a list of credentials for the person reviewing the medications; name, age, and case number for each child; and name and dosage of each medication, even if non-psychotropic. Changes in the monitoring process will hinge on this effort and the medication data analysis that is ongoing through the University of Oklahoma College of Pharmacy and Oklahoma Health Care Authority. Preliminary data analysis has shown that children in DHS custody do not experience the polypharmacy issues as evidenced nationally.

6. How the state actively consults with and involves physicians or other appropriate medical or non-medical professionals in assessing the health and well-being of children in foster care and in determining appropriate medical treatment for the children.

DHS continues to contract with a physician and a psychologist to provide case specific and system improvement consultation. Both of these medical professionals are

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contracted on a part time basis. The physician is an active member of the Fostering Hope Workgroup and sees children involved with CW at one of the DHS-operated shelters and the Fostering Hope Clinic in Oklahoma City, OK. The physician's knowledge gained from practice in this arena is invaluable to assessing the needs of this population. OHCA has provided behavioral health consultations in tandem with CW staff. These consults include routine conference calls to discuss the best means of serving children with behavioral and mental health needs that require intensive treatment. Additionally, the University of Oklahoma Child Study Center offers case consults for children with behavioral challenges. These consults are requested on an as-needed basis to determine appropriate services as well.

7. Steps to ensure that the components of the transition plan development process required under section 475(5)(H) of the Act that relate to the health care needs of youth aging out of foster care, including the requirements to include options for health insurance, information about a health care power of attorney, health care proxy, or other similar document recognized under state law, and to provide the child with the option to execute such a document, are met.

Several steps are embedded in the CW Practice Model policy that guide CW specialists in assisting youth aging out of foster care with transitioning health related care. A Family Team Meeting (FTM) is held 120 calendar days prior to a youth aging out of foster care. During the FTM, the youth and supporting adults initiate the youth's My Transition Plan that includes discussion around the 7 Key Elements of Success with health as one of the elements. The youth is provided a brochure, Congrats! You're 18!, that sets forth three topics. The first topic is Medicaid options for health insurance that includes the website where the youth, who is 18 years of age, can go to complete an application for Medicaid coverage. The second and third topics focus on the options of executing an Advanced Directive. The youth can decide whether to receive life sustaining treatment; select a person to serve as the youth's "health care proxy," and decide to donate the youth's organs. The youth is also referred to a website that provides more detailed information on the Advanced Directive. A video is available for viewing and copies of the documents are available online. As the youth completes the My Transition Plan, the youth verifies the receipt of the Congrats! You're 18! brochure and whether the youth has executed an Advanced Directive. DHS and OHCA continue to coordinate extended coverage options for youth who age out of foster care. One of the lessons learned is the need to provide a variety of options to message transition planning and how to impart health care information that requires action on the youth's part. The Oklahoma Independent Living (OKIL) website offers such a means. DHS is continuously working with the IL contractor to develop and improve message delivery to youth who can benefit from health care services.

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Attachment 5

**DHS – CWS
Disaster Plan
2014-2019**

Natural disasters, man-made crises, or medical events can affect the routine ways DHS operates and serves children, youth, and families. DHS has appropriate disaster plans in place that comply with the Children and Family Services Improvement Act of 2006.

Each DHS county office develops and updates an Emergency Operations Plan/Continuity of Operations Plan (EOP/COOP). The EOP part of this plan covers emergency sheltering and evacuations for DHS employees, clients who happen to be at local offices when events occur, and residential clients at DHS-operated facilities. The COOP part of the plan addresses each office's essential operations and the needed staff and equipment to continue those essential operations in the event the office suffers a disaster.

Each office's EOP/COOP must be reviewed and updated annually. The plan includes emergency contact information for DHS staff at the state, region, and local office levels. It also includes community emergency contact information. The plan requires each office to develop workaround procedures to ensure that essential services resume as quickly as possible after a disaster. And, each plan requires an internal communication plan be developed to ensure employees are kept aware of situational changes and critical decisions. Each county plan is required to detail a protocol to respond to new Child Welfare cases and how to provide services in areas adversely affected by a disaster. Copies of completed plans are submitted to the DHS Office of Inspector General, Security & Emergency Management Unit.

In addition to office specific Emergency Operations Plan/Continuity of Operations Plan, Child Welfare Services has additional plans in place to ensure the needs of children and families are secured as well. Child Welfare staff and resource parents are required to contact each other in the event of a disaster. The YI102, Disaster List, is a WEBFOCUS report available to all staff and is created from information entered into KIDS. This list provides the resource parent's name, address, contact numbers, and all children currently placed in the home. CW staff uses this list to check on the families in the event of a disaster. An enhancement to this report was requested to include the emergency contact information provided in the Disaster and Emergency Plan Information Sheet. This form is a part of the required documentation when approving a new resource home. The family provides emergency contact information for where the resource family would go in the event of an emergency or who to contact when unable to reach the resource parent at the provided contact number. The information sheet is not included in this report, but can be made available upon request.

Therapeutic Foster Care (TFC) agencies have the responsibility for assuring children placed in certified homes are safe during emergency situations or other disasters. Each agency develops internal disaster protocol for families to report in or be contacted by

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agency staff; however, each agency is responsible for contacting DHS program staff via office phones, cell phones, or email following a disaster to report the status of all TFC homes in the affected area. TFC program staff also initiates phone calls to TFC agency staff via office phones, cell phones, and emails to confirm status of homes when the agency has not reported. If neither TFC agency staff nor the family can be contacted via phone, TFC staff contact the county office to request assistance to confirm the children's well-being.

In the event of a disaster, providers in DHS contracted group homes will be contacted by the Specialized Placements and Partnerships Unit (SPPU) liaison to inquire about the status and needs of children in DHS custody. This information will be forwarded to the administrators of SPPU for further action and reporting if necessary. A spreadsheet has been developed listing all contact persons for facilities in which DHS children are placed. This spreadsheet is maintained electronically by CWS and the SPPU liaison, and a paper copy will be retained by all SPPU staff at home. Due to space limitations, this spreadsheet is not included in this report, but is available upon request. All providers and CW staff have been given the phone numbers for local sheriff and police departments, as well as other emergency personnel.

The centralized Child Abuse and Neglect Hotline has two sites, one in central and the other in northeastern Oklahoma. Should one site be disabled, the other site remains open 24/7. Should both sites be disabled, DHS institutes "re-pointing" the Hotline within three to four hours to the Child Welfare Training Center in south central Oklahoma. The Hotline administration is responsible for notifying the DHS Director and Public Relations offices as well as the Oklahoma Management Enterprise Services office should the entire Hotline become inoperable. In that event, a message will be posted on the DHS Internet homepage advising the public to contact the county office to make child abuse and neglect reports. A link to each individual county office will be available along with phone numbers and a message to contact law enforcement when there is an emergency.

The two DHS operated shelters for abused and neglected children have an extensive Emergency Operations Plan in place that identifies an alternate facility for use when children are displaced or adversely affected by a disaster. The Emergency Operations Plans for the DHS shelters are not included in this report, but are available upon request. Tablet PC's and Data Cards were provided to each DHS operated shelter and group home to have access to in the event of a disaster.

DHS also provided various technology solutions to all child welfare workers and supervisors to allow greater flexibility to work where needed. PCs, Tablets, or laptops may be utilized to access the DHS Network and critical applications via a secure Virtual Private Network (VPN) and Terminal Server (TS) software. This access allows teams of staff to relocate to any area of the state that may be impacted by a disaster. Significant work was done to the remote access infrastructure to accommodate access by additional users.

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SACWIS Disaster Recovery Plan

The SACWIS Disaster Recovery Plan (DR) is a prescribed set of activities to restore computer services to child welfare personnel in the event of a catastrophic failure of normal, established services. The restoration of the KIDS application and related databases is conducted at an off-site, compatible computer facility with the capacity to host all authorized child welfare persons at their normal work-site location. The off-site computer facility emulates equipment and services that would necessarily be required by an actual loss of computer services.

A test of the Disaster Recovery Plan is scheduled for November, 2014. This test is scheduled to occur once in every two-year period. The objective of the DR project is to fully and successfully test all aspects of the restoration of the KIDS application, related databases, and services from the most recent backup. Upon restoration of the application and data, a selected team of child welfare and information technology persons will operate all critical aspects of the restored KIDS application to assure availability of data and services.

In addition to the recovery of the KIDS application and related databases at an off-site facility, the Disaster Recovery Plan includes the establishment of a local Command Center for the purpose of communication, co-ordination, support, escalation, resolution and documentation of issues, problems, and obstacles as they arise.

The ultimate test of this disaster recovery plan is to provide child welfare users with the functionality of the full KIDS application from their own offices utilizing restored production files residing on the disaster recovery platform at the disaster recovery location.

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Attachment 6

**DHS CHILD WELFARE TRAINING PLAN
SFY 2015**

The Child Welfare Comprehensive Training Program provides resource families, providers and staff with the values and skills necessary for their roles. The training program includes:

- **New Child Welfare worker** orientation consists of four weeks of CORE training, mandatory workshops, on-the-job training which includes pre-CORE activities, structured mentoring and intensive supervision.
- **Level I** training provide instruction building on existing skills and experiences for staff in the first year of CORE training.
- **Level II** training is specific to the worker's job duties, building on CORE and Level I workshop information.
- **Level III** training is for experienced workers and offers a variety of workshops that address the evolving needs and interests of staff (e.g. advanced sexual abuse, advanced substance abuse).
- **Lead Worker** training is for workers who are interested in supervision in the future. The workshops educate and prepare workers for a future in Child Welfare leadership.
- **Supervisor Training** is for CW supervisors who desire more knowledge in the field of CW and to build their skills.
- **Critical Incidents Stress Supportive Services** are provided to staff to help deal with specific incidents of stress such as the death or serious injury of a child. Two psychologists who are experts in the field of critical incident stress supportive services provide this service.
- **Case Management Groups** are mandatory for all Child Welfare Supervisors. Groups are help quarterly. A portion of each meeting covers didactic training on preselected topics followed by case consultation.
- **Shadowing and Mentoring Program** provides on the job mentoring for new child welfare staff in their first year of employment. The focus of the program is to provide mentoring to staff as they are interviewing children and families. Feedback is given to the worker and their supervisor.
- **Permanency Planning Mentoring Program** provides mentoring to Permanency Planning workers within Area III as they visit children and families. The focus is enhancing visitation with children.

Overview of Staff Training

All Child Welfare staff is required to complete pre-CORE activities while waiting for CORE to begin. Prior to attending CORE, new workers complete an on-line assessment. New workers complete four weeks of classroom training and four weeks of on-the-job training back in the county office. CORE training is completed prior to the assumption of work responsibilities. After the CORE training, workers are enrolled by

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the training section in Level I classes. Additional job specific training is provided during the next two years (Level II). This training is designed to build on existing skill sets and experiences. After three years of mandatory training, experienced staff selects advanced workshops to meet their needs specific to their job responsibilities.

Child Welfare supervisors will continue to complete 12 hours of management training of the required 40 hours per year. The Supervisor's Academy is nine days long and provides a general orientation to management, focusing on supervisory skills, and personnel practices. Child Welfare supervisors participate in an additional week of training specific to the values, laws and principles of CW field work. In addition, all supervisors participate in quarterly training regarding program issues identified by field or program staff as needing additional attention. Supervisors also participate in an annual 2-day meeting addressing a specific theme.

Fostering Connections

Section 203 of the Fostering Connections to Success and Increasing Adoptions Act (P.L. 110-351) provides for expansion of IV-E funding to provide for short term trainings for private child welfare agency staff and court personnel. Oklahoma has chosen to take a proactive approach in this area, as the state's Child Welfare training program has always made short term training available to several external stakeholders, including contracted service agencies, Tribal Child Welfare agency staff, court personnel and law enforcement. OKDHS will plan to continue this practice in the future.

University Partnership

DHS will continue to work in its partnership with the University of Oklahoma, School of Social Work. Advanced education is affiliated with more responsive practice and improved outcomes for children and families. DHS will continue to encourage staff to participate in scholarship programs that waive tuition and fees as an important long-term investment in service quality.

The University of Oklahoma, School of Social Work will continue to provide the following services:

Case Management Services

The groups are focused on providing support for the DHS Child Welfare Supervisors in the implementation of the Child Welfare Practice Model. The format includes two hours of training and the remaining time is spent on case presentation and discussion format. The meetings are held each quarter. The attendance is mandatory for three of the four sessions. There are 14 groups located in several different locations.

Educational Program

To enhance the professional development of the Department's Child Welfare staff and to recruit potential Child Welfare staff from the accredited BSW programs across the state and from the MSW program at the University of Oklahoma. For the coming fiscal

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year, 26 current employees are entering the graduate program in Social Work. Oklahoma will continue to report the number of BSW and MSW graduates annually.

As determined when the program was established in 1994, CWPEP pays only for social work courses. All social work courses are considered allowable curriculum because they are required by the OU School of Social Work in order to complete either a BSW or MSW degree. The monthly stipend is based on the cost of tuition, fees and books for 15 hours per semester, 2 semesters per academic year. If a student must take summer school or intercessions to complete non-social work courses, they do it at their own expense.

Social Work Courses

Graduate Courses: The Master Course Syllabi for all graduate level classes meets the standards of the Council on Social Work Education (CSWE); the curricula is continually assessed and evaluated to keep current with trends and changes in the social work field. The curriculum in each concentration of the graduate program is infused with Child Welfare content and reflects the school's focus on developing professional social workers that are interested in public service careers. The Direct Practice (DP) concentration prepares students for generalist social work practice with individual, family, group and community systems. The Administration and Community Practice (ACP) concentration is designed to prepare students for careers at the administrative, middle management and senior supervisory levels in public service agencies. Historically the majority of CWPEP students are Direct Practice which tends to fit better with a beginning career in public Child Welfare. Recently more students are trending toward ACP as they are already in administrative positions within Child Welfare. The ACP track fits well with the DHS/CW employee students that are considering administrative positions with DHS. DP and ACP concentrations are now available at both OU Norman and OU Tulsa.

In addition to formal Child Welfare content, graduate courses are augmented by class discussions during which students who are current Child Welfare employees are able to share the realities of working in Child Welfare. These class discussions create a learning environment not only for all the CWPEP students, but also for all future social work professionals who will interact in the professional community with an awareness of the issues faced in Child Welfare. Students gain a realistic sense of the importance of collaborative community interventions for the benefit of the client systems and client outcomes. Students are encouraged to take courses that enhance their capability to work with families experiencing crises involving child abuse and neglect.

Undergraduate Courses: The undergraduate course curricula at OU and each of the subcontracting schools prepare students for generalist social work practice. All courses are designed to meet CSWE standards for social work with populations at risk, including children and families, socially and economically disadvantaged, various vulnerable client groups, specifically diverse populations including racial and ethnic minorities, the

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aged, and physically challenged. These populations are strongly representative of public Child Welfare clientele.

Child Welfare Content: Child Welfare materials and information continue to be infused into the social work curricula. All the participating schools use CW related books, articles, and case examples from the Child Welfare system in their social work curricula. Several of the faculty members from each of the participating schools serve as Clinical Specialists in the Case Management Program for Child Welfare Supervisors, which keeps them current with the complexities and issues in Child Welfare. Additionally, Child Welfare specific courses are made available to the students throughout the school year. Each student participating in the CWPEP is required to take one or two of these Child Welfare related courses, depending on the number of years the students are in the CWPEP. The following Child Welfare related courses are offered at the OU Norman and Tulsa campuses:

- Child Welfare Classes at the OU School of Social Work
- Trauma Informed Practice in Child Welfare (Spring Semester)
- Alcohol & Drug Abuse (Norman, Spring Semester)
- Alcohol, Tobacco & Other Drugs (Tulsa, Summer)
- Child Abuse and Neglect (Norman, Fall Semester and Tulsa, Summer Semester)
- Child Welfare and Sexually Abusive Families (Norman and Tulsa, Spring Semester)
- Social Work and the Law (Norman and Tulsa, Fall Semester)
- Trauma Informed Practice (Spring Semester)
- Participating Schools

Each participating school offers a minimum of one elective, three-hour course related to Child Welfare services:

- East Central State University, Seminar: "Social Work and Child Welfare", Spring Semester
- Oral Roberts University, "Child Welfare", Spring Semester
- Northwestern Oklahoma State University, "Child Abuse and Neglect", Summer Semester

Child Abuse and Neglect courses do not cover investigating CA/N referrals; rather they deal with the causes and repercussions of abuse and neglect for children and families.

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Training Activity	Description	Administrative Functions	Setting/Venue	Duration Category	Provider	Training Length	Audience	Estimated Cost/Cost Allocation
Level 1 CORE	Four weeks of classroom and one 4 weeks of on the job training. Focuses on purpose and philosophy of DHS Child Welfare, policies and procedures, skills for engagement and interviewing, procedure and best practice towards safety, well-being and permanency for children and families.	Referral to services; Development and maintenance of case plan; Case management; Placement of Children; Recruitment/Licensing of Foster Homes; IV-E Eligibility Determination or Redetermination	Pre-service	Short term	DHS training staff; DHS Program Staff; Contract trainers	20 days per Core	DHS; Tribal Workers	\$490,000 Random Moment Time Study with IV-E @ 75 percent
Level 1 Resource Family Assessment	This three day training will guide Foster Care and Adoption Specialists as well as contractors, through the process of assessing and preparing potential resource families to meet the needs of children from the child welfare system. Day one and two participants are guided through an assessment process. These two days build on the philosophy of empowerment, cultural competency and address the impact of separation and loss on children. Day three is dedicated to training participants in the usage of OKDHS forms related to the assessment process.	Referral to Services; Preparation for and Participation in Judicial Determinations; Placement of Child; Development and Maintenance of Case Plan	Initial In-Service	Short term	DHS training staff; Contract trainers	Three Days	DHS; Subcontractors	\$13,500 50 percent Foster Care and 50 percent Adoptions with IV-E @ 75 percent FFP
Level 1 Child Assessment Preparation Training (CAPT)	With the passage of the Adoptions and Safe Families Act of 1997, through changes in Oklahoma Statute and in agency policy, permanency planning workers have become partners in the mandate to achieve permanency for all children in out-of-home placement. Adoption is a very important means of achieving this goal. This workshop will give permanency planning workers an overview of adoption policy and updates on SWIFT outcomes and procedures which will help facilitate timely placements for children waiting for adoptive families	Placement of Child; Case Management	Initial In-Service	Short term	DHS Program staff;	One day	DHS	\$2,600 Random Moment Time Study with IV-E @ 75 percent
Level 1 Children & Family Service Reviews (CFSR)	This workshop teaches CW staff the skills necessary to assess cases using the Outcomes Protocol used in the State Children and Family Services Reviews and Child Welfare Case Reviews. Staff will		Initial In-Service	Short term	DHS Program staff;	One day	DHS	\$5,000 Foster Care with IV-E @75 percent

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Training Activity	Description	Administrative Functions	Setting/Venue	Duration Category	Provider	Training Length	Audience	Estimated Cost/Cost Allocation
	become more familiar with the concept of measuring positive outcomes in Safety, Permanency, and Wellbeing for children and families. The Child Welfare Practice Standards, Practice Model and their connection to achieving outcomes will also be explored.							
Level 1 Engaging and Interviewing Children	This three day workshop will provide workers with techniques on how to improve their interviewing skills with children and adults. Workers will be given the opportunity to practice the new tools and techniques presented in the workshop.	Preparation for interviewing and engaging children in child welfare	Initial In-Service	Short term	DHS training staff; Contract trainers	Three Days	DHS	\$15,000 Random Moment Time Study with IV-E @ 75 percent
Level I Introduction to Child Sexual Abuse	This basic introduction to working with sexually abused children identifies normal child sexual development, behavioral signs of sexually abused children, the long-range impact of abuse on their lives.	Referral to Services; Preparation for and Participation in Judicial Determinations; Placement of Child; Development and Maintenance of Case Plan	Initial In-Service	Short term	DHS staff; Contract trainers	Two days		\$14,800 Random time and Study @ IV-E @75 percent
Level I Diversity	This course challenges workers to examine their sensitivity and responsiveness to the diverse cultures of the populations they serve. Participants will examine their own culture, traditions, and economic values - recognizing the potential impact upon their own outlook and the decisions they make concerning their clients.	Placement of Child; Case Management	Initial In-Service	Short term	Contract Staff	Two days	DHS	\$27,000 Random Moment Time Study with IV-E @ 75 percent
Level I Specialized CPS Services	Offers new workers advanced training on assessments and investigations as well as training on prevention and voluntary services. Upon completion of this class workers are able to identify risk factors and utilize them in all aspects of the CPS screening process, assignment of CPS investigations and assessments, prioritization as a time frame for response, and form conclusions of an assessment or findings of an investigation. Workers are trained on how to identify and use CPS and Family – Centered policy as a resource in following required investigative and	Referral to Services	Initial In-Service	Short term	DHS Program staff;	Two days	DHS	\$15,000 NOT IV-E eligible training

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Training Activity	Description	Administrative Functions	Setting/Venue	Duration Category	Provider	Training Length	Audience	Estimated Cost/Cost Allocation
	assessment protocols.							
Level I Specialized Foster Home Policy	This workshop is for workers who are responsible for recruiting foster parents and completing foster family assessments. Upon completion of this class workers will be able to: apply current Foster Care policy, utilize and maintain resource screens in the KIDS system to process and manage cases from inquiries to closure, use KIDS to set up resources. understand and utilize all Foster Care forms, utilize financial screens for claims, utilize written plans of compliance, understand the process for Foster Home closures	IV-E Eligibility Determination or Redetermination; Recruitment/Licensing of Foster/Adoptive Homes and Institutions	Initial In-Service	Short term			DHS	\$1,250 Foster Care with IV-E @75 percent
Level I Legal	This workshop will introduce Child Welfare Specialists to competencies that will help them have a better understanding and working knowledge of the statutes related to child abuse and neglect and the juvenile court system. Participants will gain a working knowledge of legal definitions, rules and statutes concerning child abuse and neglect reporting and investigations, steps in the juvenile court deprived case, and the movement of children	Preparation for and Participation in Judicial Determinations; Placement of Child	Initial In-Service	Short term	DHS Attorneys	One day	DHS	\$15,000 Foster Care with IV-E @75 percent
Level I Out of Home Care	Out of Home Care training will provide an in-depth overview of placements for children in the child welfare system. Upon completion of this class Workers will be able to: assess the level of risk in a child's current placement, approach all placements as planned and goal-directed, demonstrate knowledge of the concept of continuum of placement, list the resources provided by shelters, TFC and host homes, understanding the dynamics and procedures of kinship, foster care, tribal foster care and therapeutic foster care placements, utilize community resources in meeting the needs of children on their case loads, understand the dynamics of the adoption process, and	Placement of Child; Development and Maintenance of Case Plan; Case Management	Initial In-Service	Short term	DHS training staff	One day	DHS	\$4,000 Foster Care with IV-E @75 percent

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Training Activity	Description	Administrative Functions	Setting/Venue	Duration Category	Provider	Training Length	Audience	Estimated Cost/Cost Allocation
	understand the impact of transitioning between placements.							
Level I Family Centered Services (FCS)	This Level 1 training is an overview of policy and best practice in Family Centered Service casework. The training will also include discussions on the philosophy and history of FCS services, poor prognosis indicators, assisting clients to identify protective capacities and how to determine whether or not it is an FCS case. At the end of this one day training participants will be able to: Identify and apply the philosophy and purpose of FCS within the scope of CPS and/ or Permanency Planning; Apply FCS protocols in their investigation and identify whether or not cases qualify to become FCS cases; Assist clients in identifying protective capacities to promote safety and family preservation; Engage and apply skills that motivate clients to access services in support of their plan.	Development and Maintenance of Case Plan; Case Management	Initial In-Service	Short term	DHS staff	One day	DHS	\$6,500 NOT IV-E eligible training
Level I Substance Abuse	This two-day workshop will provide workers with a base understanding of working with substance abusing individuals and families. Participants will gain knowledge on how to recognize warning signs as well gain a better understanding of the dynamics of substance abusers. Child Welfare Specialists will learn how to improve communication skills with substance abusing clients and how to utilize assessment tools.	Development and Maintenance of Case Plan; Case Management	Initial In-Service	Short term	Contract Trainers	Two days	DHS	\$32,000 Foster Care with IV-E @75 percent
Level I Specialized Permanency Planning	This class will cover in more detail and use examples of situations that students have encountered while in the field on a wide range of Permanency Planning subjects first introduced to staff in CORE training. Topics for this training include: Creative Strategies for Permanence, strategies to Shorten Stays, and tips on handling new and Inherited Cases.	Referral to Services; Placement of Child; Development and Maintenance of Case Plan; Case Management	Initial In-Service	Short term	DHS Trainers	Two days	DHS	\$11,500 Adoptions with IV-E @ 75 percent
Level II Advanced Child	Focuses on the decision making process in assigning CPS	Referral to Services; Placement of	Continuing In-service	Short term	DHS Staff	One day	DHS	\$7,500 Not Eligible for IV-E

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Training Activity	Description	Administrative Functions	Setting/Venue	Duration Category	Provider	Training Length	Audience	Estimated Cost/Cost Allocation
Protective Services Policy	Investigations/Assessments, the CPS Investigation process, assessing safety, guidelines in confirmations, and making out-of-home placements.	Child						
Level II Permanency Planning for CPS	This workshop provides an overview of the Permanency Planning program with an emphasis on the crucial aspects of our first contacts with families. Topics covered in this course include: Adoption and Safe Families Act 1997 (ASFA); Creative Strategies for Permanency; ASFA Principles; ASFA Goals; ASFA Methods; ASFA Provisions; Ways That May Shorten Length of Stay; CPS Activities that Impact Permanency; Parent/child Visitation; Reunification and Good Services.	Referral to Services; Placement of Child; Development and Maintenance of Case Plan; Case Management	Continuing In-service	Short term	DHS Program staff;	One day	DHS	\$1,500 50 percent Foster Care and 50 percent Adoptions with IV-E @ 75 percent FFP
Level II Advanced Foster Care Policy	This workshop will review and introduce new Foster Care Policy issues. Topics in this class include: Initial Screening and Requirements; Inquiries from other states; Background Investigation; History of CA/N Investigations; Disposition of Foster Home Assessment; Denial of the Assessment; Kinship Reimbursements; Placement Considerations-Requests for Exceptions; Foster Care Reviews; How workers can help resource parents; Written Plans of Compliance; Reassessments; Closure of Home and Clothing Policy.	Placement of Child; Recruitment/Licensing of Foster/Adoptive Homes and Institutions	Continuing In-service	Short term	DHS Program staff;	One day	DHS	\$700 Foster Care with IV-E @75 percent
Level II Substance Abuse	This two-day workshop will provide an advanced understanding of working with substance abusing individuals and families and developing ISP's. Topics covered in this class include; Children of Substance Abusing Families; why are Substance Abuse cases difficult and frustrating; to manage; what make Alcohol and Other Drug Abuse A Critical Child Welfare Issue; Spectrum of Substance Abuse; Ramification on child safety; Women & Substance Abuse; Co-	Referral to Services; Placement of Child; Development and Maintenance of Case Plan; Case Management	Continuing In-service	Short term	Contract Training Staff	Two days	DHS	\$10,000 Foster Care with IV-E @75 percent

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Training Activity	Description	Administrative Functions	Setting/Venue	Duration Category	Provider	Training Length	Audience	Estimated Cost/Cost Allocation
	occurring substance abuse and mental illness; How to talk with kids about parental substance abuse; How to Motivate Parents into Treatment and Enhance Treatment Readiness; Levels of Treatment; Substance Abusing Families; Typically Have Other Problems; Substance Abuse Treatment and Recovery; 13 Principles of Effective Drug Addiction Treatment; Understanding Relapse; Permanency Planning for Families with Substance Abuse Issues; Adoptions and Safe Families Act; Goals and Services; Developing a Safety Plan for a Child Remaining in the Home and Ways to Combat Barriers.							
			Continuing In-service	Short term			DHS	
Level II Basic Attachment Issues	This workshop will discuss the process of attachment: factors contributing to attachment, factors disruptive to attachment and the consequences of breakdown in attachment. Topics covered by this class include; Introduction and Definitions; Process of Attachment: Factors contributing to attachment; Factors disruptive to attachment; Consequences of breakdown in attachment; Assessing the Quality of Parent-Infant Attachment; Strange Situation Paradigm (Ainsworth); Classification of attachment; Parental behavior and child patterns of attachment; Attachment theory and maltreatment; Types of Disordered Attachment; and Ways to help children in care with disordered attachment.	Referral to Services; Placement of Child	Continuing In-service	Short term	Contract Trainers	One day	DHS	\$32,800 Random Moment Time Study with IV-E @ 75 percent
Level II Advanced Legal	This workshop will introduce Child Welfare Specialists to competencies that will help them have a better understanding and working knowledge of the judicial system. Participants will gain a working knowledge of the rules of confidentiality, foster care and movement of	Preparation for and Participation in Judicial Determinations; Placement of Child	Continuing In-service	Short term	DHS Attorneys	One day	DHS	\$5,000 Foster Care with IV-E @75 percent

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Training Activity	Description	Administrative Functions	Setting/Venue	Duration Category	Provider	Training Length	Audience	Estimated Cost/Cost Allocation
	children, adoption services, consent for medical care and treatment of custody children, working with foreign national families, and the behavioral health inpatient commitment process, the Interstate Compact on the Placement of Children, legal liability and courtroom decorum.							
Level II Out of Home Investigations	Policy and Protocol will be discussed in detail in relation to child abuse/neglect referrals and CPS investigations/assessments of foster homes, trial adoptive homes and child care center/homes. Topics covered in this class include; Child Abuse/Neglect Investigations/Assessments in Child Care Centers/Homes; Oklahoma Administrative Code; Protocol for Investigating CA/N Reports in Child Care Centers or Homes; Referral Acceptance; Demographics Example; CCL/CPS Coordination; DCL & CPS Roles; CCL/CPS Coordination; Contact with the Alleged Child Victim; Non-Victims or Witnesses; Other Agency Notification; Medical Consultation; Contact with the Facility/Home; Report to District Attorney; Completion Notification; Related Forms; Confidentiality; Separate or Companion Investigations; Child Care Locator; Facility Search; and Division of Child Care Licensing.	Referral to Services; Placement of Child; Recruitment/Licensing of Foster/Adoptive Homes and Institutions	Continuing In-service	Short term	DHS Program staff;	One day	DHS	\$2,000 IL
Level II Overview of IL	Components of the Oklahoma Independent Living Program will be shared and the guiding policies reviewed.	Referral to Services; Placement of Child; Development and Maintenance of Case Plan; Case Management	Continuing In-service	Short term	DHS Program staff;	One day	DHS	\$1,500 IV-E at 75 percent
Level II Parenting the Sexually Abuse Child	This workshop focuses on understanding behaviors and their relationship to modifying those behaviors, handling disclosures, and creating boundaries that help the family and child feel safe.	Referral to Services; Placement of Child; Case Management	Continuing In-service	Short term	Contract Trainers	One day	DHS	\$2,400 50 percent Foster Care and 50 percent Adoptions with IV-E @ 75 percent FFP
Level II Dynamics of Domestic	This workshop will address the effects of domestic violence on	Referral to Services; Placement of	Continuing In-service	Short term	Contract Trainers	One day	DHS	\$5,000 Foster Care with IV-E

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Training Activity	Description	Administrative Functions	Setting/Venue	Duration Category	Provider	Training Length	Audience	Estimated Cost/Cost Allocation
Violence	children. Topics covered in this class include: effects of domestic violence on children; CPS policy; ways to increase the child's safety in violent homes; tools to ease children's anxiety in homes where violence occurs; system responses and alternatives; and ways to address battering as a parenting style	Child; Case Management						@75 percent
Level II Medical Aspects of Child Abuse	This training focuses on injuries associated with child abuse, particularly fractures, head trauma, and other injuries that may be misdiagnosed as accidental	Referral to Services; Placement of Child; Case Management	Continuing In-service	Short term	Contract Trainers	One day	DHS	\$2,500 Random Moment Time Study with IV-E @ 75 percent
Level II Planning for Successful Reunification	This workshop helps develop competencies in: ASFA and Reunification; Research in Reunification; Principles of Reunification; Visiting for Successful Reunification; Concurrent Planning; Substance Abuse and Reunification Case Planning	Referral to Services; Preparation for and Participation in Judicial Determinations; Placement of Child; Development and Maintenance of Case Plan; Case Management	Continuing In-service	Short term	DHS Program staff;	Two days	DHS	\$4,200 Foster Care with IV-E @ 75 percent
Level II Effects of Abuse and Neglect	This three day module helps workers identify the effects of abuse and neglect on normal development of children from birth through adolescence. This workshop stresses the importance of proper assessment of current developmental abilities, developmental delays, disabilities and emotional problems in order to plan appropriate services for children. Current research on the effects of violence and trauma on the developing brain are outlined	Referral to Services; Placement of Child; Case Management	Continuing In-service	Short term	Contract Trainers	Three Days	DHS	\$5,000 Random Moment Time Study with IV-E @ 75 percent
Trauma in the CW System	Child protective services are unique organizations in that their purpose and activities are organized around the experience of trauma- the fear and dissociative responses of children to continuing abuse and neglect. This can result in secondary or vicarious traumatic stress for child welfare workers that can mirror that of the children and families. There can be considerable costs to child welfare workers and their supervisors alike from emotional and psychological distress resulting in diminished	Referral to Services; Placement of Child; Case Management	Continuing In-service	Short term	Contract Trainers	Two days	DHS	\$5052 RANDOM Time and Study @ IV-E @ 50 percent

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Training Activity	Description	Administrative Functions	Setting/Venue	Duration Category	Provider	Training Length	Audience	Estimated Cost/Cost Allocation
	job effectiveness and high turnover of employees in the field. This presentation focuses on what we know and what we can do to address STS, with a focus on the unique challenges of supervisors and workers.							
Level I Resource Family Training	Resource Family Training (RFT) is the 9-session, 27 –hour pre-service for resource parents. The training teaches the Guiding Principles for Oklahoma Bridge Resource Families, a trauma-informed curriculum that emphasizes best practices and practical applications	Placement	Conference Workshop	Short term	Contract Trainers	Three days	DHS/ NonDHS	\$2,015,338 50 percent Foster Care and 50 percent Adoptions with IV-E @ 75 percent FFP

Training Activity	Description	Administrative Functions	Setting/Venue	Duration Category	Provider	Training Length	Audience	Estimated Cost/Cost Allocation
Level III Trauma in the CW System	Child protective services are unique organizations in that their purpose and activities are organized around the experience of trauma- the fear and dissociative responses of children to continuing abuse and neglect. This can result in secondary or vicarious traumatic stress for child welfare workers that can mirror that of the children and families. There can be considerable costs to child welfare workers and their supervisors alike from emotional and psychological distress resulting in diminished job effectiveness and high turnover of employees in the field. This presentation focuses on what we know and what we can do to address STS, with a focus on the unique challenges of supervisors and workers.	Referral to Services; Placement of Child; Case Management	Continuing In-service	Short Term	Contract Trainer	Two Days	DHS	\$5052 RANDOM Time and Study @ IV-E @ 50 percent

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Training Activity	Description	Administrative Functions	Setting/Venue	Duration Category	Provider	Training Length	Audience	Estimated Cost/Cost Allocation
Level III Preparation and Presentation of Case Information	Child welfare workers and supervisors are often required to provide comprehensive presentations of their cases, in order to effectively facilitate case transfer, staffing decision making processes and recommendations for court. This one day workshop will engage participants in discussions of the needs of unique audiences and how to tailor case presentation accordingly, with particular emphasis on preparation		Continuing In-service	Short Term	Contract Trainer	One Day	DHS	\$2,600 Random time and Study IV-E @ 50 percent
Level III Mentor Certification Training	This program compliments competency exams required of new child welfare specialists, ensures all staff achieve certain competencies before advancing to the next level, and provides ongoing training to ensure all staff maintain the necessary skills and knowledge to meet the needs of children and families		Continuing In-service	Short Term	Contract Trainer	Three Days	DHS	\$6,000 Random Moment time Study with IV-E @ 75 percent
Level III Interviewing Children	Interviewing and engagement skills are the foundation of a good relationship with each and every client. This three day workshop will provide workers with techniques on how to improve these skills with children. Workers will be given the opportunity to practice the new tools and techniques presented in the workshop.		Continuing In-service	Short Term	Contract Trainer	Two Days	DHS	\$4,000 Random time and Study @ IV-E @ 50 percent
Level III Motivational Interviewing	This workshop provides a non-confrontational approach to promote client motivation and reduce resistance, as well as to prevent frustration and burnout among professionals.		Continuing In-service	Short Term	Contract Trainer	One Day	DHS	\$6,000 Random time and Study @ IV-E @ 50 percent
<u>SUPERVISORS Academy</u>	Training includes coaching and essential management skills, critical thinking, processes, policy and procedural skills to enhance job performance.			Short Term	Contract Trainer/ OKDHS Staff	10 Days	DHS	\$15,000 Random Moment time Study with IV-E @ 75 percent

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Training Activity	Description	Administrative Functions	Setting/Venue	Duration Category	Provider	Training Length	Audience	Estimated Cost/Cost Allocation
LEVEL III Time Management	Time Management is one of the core differences between effective and ineffective people, and is an important challenge for lead workers to balance a caseload with provision of back up supervision. Effective time management requires a shift in thinking, that is, a concentration on results versus appearing to be busy. The goal of this workshop is to address the difficulties lead workers have in managing their time specific to their caseload responsibilities. The content will address some of the myths associated with time management, the importance of planning, and offer insight as to how easily time is wasted. Specific strategies for organizing your caseload will also be addressed.		Continuing In-service		Contract Trainer		DHS	\$520 Random Time and Study @ IV-E @ 50 percent
Level III Domestic Violence	Child protective services are unique organizations in that their purpose and activities are organized around the experience of trauma- the fear and dissociative responses of children to continuing abuse and neglect. This can result in secondary or vicarious		Continuing In-service	Short Term	Contract Trainer	Two Days	DHS	\$6,000 TANF
Level III Stress Management	This training provides simple tools to help you manage stress, such as how to recognize it and why it matters to you physically, mentally, and in relationships.		Continuing In-service	Short Term	Contract Trainer	One Day	DHS	\$2,977 Random Time and Study IV-E @ 50 percent
Level III Understanding the Dynamics and Intervention with Sex Offenders	It describes the characteristics of men who engage in sexually abusive behavior, addresses some myths about sex offense and sexual offenders and how to interact effectively with families that have been impacted by sexual abuse. Sex Offender treatment and community management of offenders is also included in this training.		Continuing In-service	Short Term	Contract Trainer	One Day	DHS	\$2,520 Random time and Study @ IV-E @ 75 percent

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Training Activity	Description	Administrative Functions	Setting/Venue	Duration Category	Provider	Training Length	Audience	Estimated Cost/Cost Allocation
High Performance Management	Training and consultation for administrative staff in areas of coaching, performance management, communication skills along with assistance with needs assessments, surveys, preparing educational material and monthly activity reviews		Continuing In-service	Short Term	Contract Trainer	?	DHS	\$2,500 Random Moment time Study with IV-E @ 75 percent
Quarterly Leadership Meetings	Child Welfare Leadership team consisting of district directors, field managers, program supervisors/managers, program administrators, and deputy directors meet quarterly for leadership training related to Pinnacle Plan, policy/practice updates, strategic planning, etc.		Continuing In-service	Short Term	OKDHS Staff	One Day	DHS	\$4,000 Random time and Study IV-E @ 50 percent
Regional Program and Miscellaneous Trainings	Supervisor trainings are held quarterly in every region. The focus of the meetings is to provide training, policy updates, Pinnacle Plan updates, and to make available a forum to discuss topics relevant to the role of supervisor.	Case Management	Continuing In-service	Short Term	OKDHS Staff	?	DHS	\$5,000 Random time and Study IV-E @ 50 percent
Level IV How to be a good clinical supervisor in child welfare	This workshop will discuss the aspect of supervision that focuses on the work with clients. It will include how to coach and mentor workers around issues of assessment, case planning, interventions with clients and case implementation and closure. Tools for doing this type of supervision will be shared with participants	Case Management	Continuing In-service	Short Term	Contract Trainer	One Day	DHS	\$2,500 NOT IV-E eligible training
Level IV CW Statewide Supervisor Conference	Supervisors are provided an opportunity to learn about varied topics related to their responsibilities and learn of new initiatives	Case Management	Continuing In-service	Short Term	OKDHS Staff/Contract Trainers	One Day	DHS	\$10,000 Random Time and Study @ IV-E @ 50 percent

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Training Activity	Description	Administrative Functions	Setting/ Venue	Duration Category	Provider	Training Length	Audience	Estimated Cost/Cost Allocation
Level IV Establishing your model for effective supervision	Using Kadushin's model of supervision, this workshop explores specific and practical tips for any new or tenured supervisor. We identify our daily tasks into three roles of a supervisor - administrator, educator, supporter, including discussion on boundary issues and real life case examples regarding ethics, discrimination, and sexual harassment in the workplace. Practicing practical tips and suggestions we build on Kadushin's model to create our own model of effective supervision.		Continuing In-service	Short Term	Contract Trainer	Two Days	DHS	\$2,500 Random Moment time Study with IV-E @ 75 percent
Level IV Effective Leadership Strategies	A supervisor's ability to be effective is dramatically impacted by the repertoire and quality of his/her communication skills. This highly interactive workshop will identify and explore the many ways a supervisor can carry out his/her professional role. This course gives participants opportunity to engage in a series of discussions and activities to accentuate the importance of what a supervisor is communicating to build skills, confidence and self-awareness in communication style and the impact of effectiveness in practice, professional image and career growth.	Case Management	Continuing In-service	Short Term	Contract Trainer	Two Days	DHS	\$2,500 Random Time and Study @ IV-E @ 50 percent
Level IV Managing Change	A supervisor's ability to be effective is dramatically impacted by the repertoire and quality of his/her communication skills. This highly interactive workshop will identify and explore the many ways a supervisor can carry out his/her professional role. This course gives participants opportunity to engage in a series of discussions and activities to accentuate the importance of what a supervisor is communicating to build skills, confidence and self-awareness in communication style and the impact of effectiveness in practice, professional image and career growth.	Case Management	Continuing In-service	Short Term	Contract Trainer	Two Days	DHS	\$2,000 Random Time and Study @ IV-E @ 50 percent

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Training Activity	Description	Administrative Functions	Setting/ Venue	Duration Category	Provider	Training Length	Audience	Estimated Cost/Cost Allocation
Level IV HOT Supervisor Training	This training is designed to prepare supervisors to become testers / graders in the new Hands On Testing program for new workers. Supervisors are required to attend the training prior to becoming a tester / grader for H.O.T. Training will be provided by the CWS Training Unit.	Case Management	Continuing In-service	Short Term	OKDHS Staff	One Day	DHS	\$5,000 Random Moment time Study with IV-E @ 75 percent
Level IV Engagement with Adults for Experienced Workers	In your role as a Child Welfare Specialist, you constantly engage adults in difficult conversations. This class will focus on engagement skills and indirect interviewing methods that are effective in gathering information needed for the assessment of child safety. Interview tools including the inner circle (eco-map) and genogram will also be discussed and demonstrated	Case Management	Continuing In-service	Short Term	OKDHS	Two Days	DHS	\$2,000 Random Moment time Study with IV-E @ 75 percent
Misc. Report Writing for Child Welfare	Every day Child Welfare Workers document their observations and plans. This workshop will focus on writing skills commonly used in child welfare practice.	Case Management	Continuing In-service	Short Term	OKDHS Staff	One Day	DHS	\$700 Random Moment time Study with IV-E @ 75 percent
Misc. Training of the Trainer	The objectives of this class are to introduce DHS Program staff to concepts and skills that will prepare them to have greater success as presenters and with class development	Case Management	Continuing In-service	Short Term	Contract Trainer	Two Days	DHS	\$800 Random Time and Study @ IV-E @ 50 percent
Misc. Diligent Search	This training is to help Child Welfare staff locate parents, relatives and other people relevant to their cases.	Case Management	Continuing In-service	Short Term	OKDHS Staff	One Day	DHS	\$1000 50 percent Foster Care and 50 percent Adoptions with IV-E @ 75 percent FFP

Child and Family Services Plan (CFSP) 2015-2019

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Training Activity	Description	Administrative Functions	Setting/Venue	Duration Category	Provider	Training Length	Audience	Estimated Cost/Cost Allocation
Misc. Child Fatality Training	This workshop is designed specifically for Child Welfare Workers and Supervisors who deal with fatality cases. Topics covered in this class include: OKDHS procedures and protocols in child death investigations; Child Death/Near Death Reporting; CPS Section Functions; Critical Incidents Review; State Child Death Review Board; Area Reviews; Child Known to Child Welfare; and Critical Incident Stress Debriefings	Case Management	Continuing In-service	Short Term	OKDHS Staff	One Day	DHS	\$2,000 Not eligible for IV-E
Misc. Intro to KIDS	The Introduction to KIDS course is a navigational training of the OKDHS KIDS database system. This two-day training will focus on the function of the database system and will cover both CPS/Intake screens as well as Permanency Planning portions of the KIDS database system. Students will learn how to navigate through screens, save and change information, perform record copy functions, request approval as well as gain exposure to the majority of the screens in the KIDS system. While content will be covered in a limited capacity, for the purposes of the actual training, functional navigation of the system will be stressed as opposed to policy and content.	Case Management	Continuing In-service	Short Term	DHS Staff	Two Days	DHS	\$2500 Random time and Study @ IV-E @75 percent
Misc. ICWA	This three-hour training focuses on the legal issues and the practical and policy implications surrounding ICWA. It will help workers have a better understanding of ICWA law and policy as well as information to ensure they are meeting the requirements.	Referral to Services; Preparation for and Participation in Judicial Determinations; Placement of Child; Development and Maintenance of Case Plan; Case Management	Continuing In-service	Short Term	DHS Staff	One Day	DHS	\$2,000 Random time and Study @ IV-E @75 percent

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Training Activity	Description	Administrative Functions	Setting/Venue	Duration Category	Provider	Training Length	Audience	Estimated Cost/Cost Allocation
Supervisory New Supervisor Programmatic Instruction	This workshop is mandatory for all new CW supervisors, and provides specific instruction on policies and procedures related to multiple program areas in child welfare. These include: CPS, Permanency Planning, ICWA, Foster Care, Adoptions, Legal, KIDS for Supervisors and KIDS reports.	Case Management	Continuing In-service	Short Term	DHS Staff	One Day	DHS	\$5,000 Random time and Study @ IV-E @75 percent
Completing the Circle	Assist Native American Indian children in foster care with identification and connect with their Native American culture	Recruitment/Licensing of Foster/Adoptive Homes and Institutions	Continuing In-service	Short Term	DHS Staff	One Day	DHS	\$2,000 50 percent Foster Care and 50 percent Adoptions with IV-E @ 50 percent FFP